

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 3 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000102548**

1. Corporation Name

M.A.V. Medical Products INC.

REINSTATEMENT 08-10

900180986909

05/17/10--01056--024 **450.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

686 ASTARIAS CIR

Suite, Apt. #, etc

3. Mailing Office Address

686 ASTARIAS CIR.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/2007

5. FEI Number

26-1105408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTHEW MAZZOLA

Street Address (P.O. Box Number is Not Acceptable)

686 ASTARIAS CIR.

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

☒ PROFIT CORPORATIONS ONLY
The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Matthew Mazzola

REGISTERED AGENT MUST SIGN

Date

4/27/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MATTHEW MAZZOLA	686 ASTARIAS CIR	FORT MYERS, FL., 33919

205/18

10. E-mail Address:

MAVMEPROD@GMAIL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Matthew Mazzola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2010

Date

Daytime Phone #

239-410-0125