

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09
01082009 REIN-P CR2E008 (1/07)

DOCUMENT # P07000112044					
1. Entity Name M.I.V. CORPORATION					
Principal Place of Business 77 CRANDON BOULEVARD UNIT 7A KEY BISCAVNE, FL 33149			Mailing Address 77 CRANDON BOULEVARD UNIT 7A KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # 8331 S.W. 124th Av. #101			3. Mailing Address Av. 4A Oeste #5-186		
Suite, Apt. #, etc. Miami Florida			Suite, Apt. #, etc. Apt. 302		
City & State			City & State Calif		
Zip 33183		Country U.S.A		Zip Colombia	
4. FEI Number 28-3984245			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLGUIN, FELIPE 77 CRANDON BOULEVARD UNIT 7A KEY BISCAVNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLORIA HERRERA DE HERRERA 77 CRANDON BOULEVARD, UNIT 7A KEY BISCAVNE, FLORIDA 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIA VICTORIA PENA DE HOLGUIN 77 CRANDON BOULEVARD, UNIT 7A KEY BISCAVNE, FLORIDA 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLORIA MARGARITA PENA 77 CRANDON BOULEVARD, UNIT 7A KEY BISCAVNE, FLORIDA 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELIPE HOLGUIN 77 CRANDON BOULEVARD, UNIT 7A KEY BISCAVNE, FLORIDA 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800147136818 03/24/09--01024--003 **300.00 ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gloria de Herrera</u> SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____ GLORIA HERRERA DE HERRERA, PRESIDENT					

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