

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000106210

Entity Name: LONVIN, INC.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5140 FOXHALL DRIVE SOUTH  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5140 FOXHALL DRIVE SOUTH  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 26-3833293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLDS, LONNIELL  
5140 FOXHALL DRIVE SOUTH  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LONNIELL OLDS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: OLDS, LONNIELL  
Address: 5140 FOXHALL DRIVE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP,  
Name: OLDS, VINETTE  
Address: 5140 FOXHALL DRIVE SOUTH  
City-St-Zip: WEST PALM BEACH,, FL 33417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNIELL OLDS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

10/04/2010

\_\_\_\_\_  
Date