

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 MAY -1 AM 9:31

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14000067688

1. Corporation Name

NHEL RIVER VISTA CORP

200312842662  
05/01/18--01016--008 \*\*900.00

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

60 Broad St

Suite, Apt. #, etc.

Ste 3502

City & State

New York, NY

Zip

10004

Country

USA

3. Mailing Office Address

60 Broad St

Suite, Apt. #, etc.

Ste 3502

City & State

New York, NY

Zip

10004

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/2014

5. FEI Number

32-0446583

☐ 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

c/o Salomon Kapetas

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

9250 W. Bay Harbor Dr.

Suite, Apt. #, Etc.

Apt 7A

City

Bal Harbour

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date 4/25/2018

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
President	Herve Amar	60 Broad St, Ste 3502	New York, NY 10004
SEC	Frederic V. Blanchard	60 Broad St, Ste 3502	New York, NY 10004
TREA	Salomon Kapetas	60 Broad St, Ste 3502	New York, NY 10004

10. E-mail Address: administration@kvbpartners.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frederic V. Blanchard 4/25/2018 646-356-0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #