

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P30940**

**1. Corporation Name**

**MVO Corp.**

**2. Principal Office Address**

**139 Sags Road**

Suite, Apt. #, etc.

City & State

**Sagaponack NY**

Zip

**11962**

Country

**USA**

**3. Mailing Office Address**

**P.O. Box 9002**

Suite, Apt. #, etc.

City & State

**Sagaponack NY**

Zip

**11962**

Country

**USA**

**REINSTATEMENT 99-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**9-14-90**

**5. FEI Number**

**13-3583113**

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

**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

**FL**

State

**FL**

Zip Code

**333 24**

**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

**JENNIFER FAULTMAN  
ASSISTANT SECRETARY**

Date

**7/18/2002**

**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

**CP Christian Wolfer 139 Sags Rd Sagaponack NY 11962**

**10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/19/2002**

Date

**631 537 5100**

Daytime Phone #

CR2E031 (9/01)

**FAUCETT, TAYLOR  
& ASSOCIATES, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS



2550 HERITAGE COURT, N.W.  
SUITE 206  
ATLANTA, GEORGIA 30339  
(770) 951-2991 FAX 770-951-0072

*Via Certified Mail*

July 18, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: MVO Corp. & MVO Limited Partnership

Dear Sir or Madam:

Enclosed are reinstatement forms for MVO Corp. and MVO Limited Partnership. Please process both forms together. MVO Corp. is the general partner for MVO L.P. Per Department of State regulations, MVO Corp. must be reinstated before MVO L.P.'s application can be processed. If you have any questions, please feel free to contact me at the above number.

Sincerely,

A handwritten signature in dark ink, appearing to read 'J. Richard Atkins'.

J. Richard Atkins; CPA

JRA

enclosures: 2