

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE
REINSTATEMENT

STATE

FILED

00 AUG 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P920000004892

1. Corporation Name

MARKVISION COMPUTERS, INC.

2. Principal Office Address

4500 HATUUS RD.

Suite, Apt. #, etc.

203

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-2000

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650400748

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

DANIEL DIAZ DE LA ROCHA, CPA

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

4500 HATUUS RD

Suite, Apt. #, Etc.

203

City

SUNRISE

200003386212--7

-09/08/00--01008--02

****608.75 ****608.75

State

FL

Zip Code

33351

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 8/15/2000

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
PRES	MARCEL CRESPO	4500 HATUUS RD #203	SUNRISE FL 33351
TREAS	DANIEL DIAZ ^{de la Rocha}	4500 HATUUS RD #203	SUNRISE FL 33351

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

Date

Daytime Phone #

Treasurer

8/15/2000 (954) 747-1434