PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043975 (9)

1. Corporation Name
L.V. GROUP, INC.

Principal Place of Business	Mailing Address
7880 N. University Drive	Same
Suite 201	Same
Tamarac,FL 33321	Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7880 N.University Dr.	7880 N. University Dr.
Suite, Apt. #, etc: 201	Suite, Apt. #, etc: 201
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33321 Country: Broward	Zip: 33321 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 6/13/94

5. FEI Number: 65-0509017 — Applied For ☐ Not Applicable ☒ SP

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Charge for Certified Copy

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Singer, Vivenne	20355 N.E. 34th Ct. PH 2721	Aventura, FL 33180
VP	Taykan, Arie	7880 N. University Dr. #201	Tamarac, FL 33321
			800003000568--2 -09/29/99--01062--013 ******8.75 ******8.75
			800003000568--2 -09/29/99--01062--014 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Arie A. Taykan
	Street Address (P.O. Box Number is Not Acceptable): 7880 N. University Dr.,
	Suite, Apt. #, Etc.: 201
	City: Tamarac — State: FL — Zip Code: 33321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN — Date: 9/24/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 9/24/99 Date — (954) 722-9250 Daytime Phone #