PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	PORATION STATEMEN	IT			DIVIS	ecretary SION OF CO	of St Orpor	tate	ATE		10 APR 22	PH 2: 39	
DOCUMENT # P 94000043975 1. Corporation Name								ALLAHASSEE, FLORIDA					
L.V. GROUP INC.													
2. Principal Office Address - No P.O. Box# 4/6 SE, /575 ST.					3. Mailing Office Address SAME.				//	300175473393 04/13/1001003022 **1500.00 REINSTATEMENT 01-60			
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. Date incorporated or Qualified 17/19-9:0			
City & State FT. LAUDEROALE, FL Zip Country					City & Starte					5. FEI Number Applied For Not Applicable			
33316 Country US				Zip Country					6. CERTIFICATE OF STATUS DESIRED 33.75 OF The Company of Status				
7. Name and Address of Current Registered Agent Name SALLY A. SAXTON Street Address (P.O. Box Number is Not Acceptable) 4/6 S. F. /5 T. ST. Sulte, Apt. #, Etc. City FT. LAUDERDALE, State Zio Code FL 333/6								5	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. MOULD IN ZOOO, DID NOT RECEIVE REVEWAL NOTICE				
8. I, being Signature of Registered	C	jistorec Lly	agent of th	cX1	e named corpo			with and acc	ept the o	bligations of secti	Date 3/24/	10	
9. Names	and Street Addre	35503 C	f Each Offic	er and	or Director (Flo	rida nonpro	ofit corpo	rations must	list at le	est 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo						City / State	/ Zip	
P	PAUL L WAGNER				· · · · · · · · · · · · · · · · · · ·						FALMOUTH,		
VP	MECANIE D. WAGH				ER 340 SCRANTON AU				» A√	4.	FALMOUTH, M	1A 02540	
									-			I. MILLIGAN EXAMINER	
	H:					-					AP	PR 2 2 2010	
10. E-mail Address: PLWAG@MSN-Com													
(To be used for Arbure ensured 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 filling this rehistatement 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 reality, the information indicated on this application is true and accurate, and my signature shall have the same logal effect as if made under oath. SIGNATURE: **PAUL L-WAGNER** **BURNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date: **Date													