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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

99 JAN 29 AM 11:12

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

Name and Mailing Address of Corporation: DOCUMENT # P94000060958

LARVIV, INC.
9800 S.W. 168th Terrace
Miami, Florida 33157

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: TALLAHASSEE, FLORIDA
City and State: Zip Code:

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State: Zip Code:

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

8-18-94

5. FEI Number

65-0514645

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

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
D P	Larry Taylor	9800 S.W. 168th Terrace	Miami, FL 33157
D S	Vivian Taylor	9800 S.W. 168th Terrace	Miami, FL 33157
T	William MacLachlan	9800 S.W. 168th Terrace	Miami, FL 33157

500002764005--6
-02/03/99--01083--017
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Donald J. Murray
9200 S. Dadeland Blvd. #515
Miami, Florida 33156

9. If changed, new registered agent / office Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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 1-12-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director

Date 1-12-99

Daytime Phone # 305-235-7561

Typed or printed name of signing officer or director Larry Taylor, President

CR2040 (8/92)