PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

00 FEB 22 PM 1:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

99-8876

DOCUMENT # P94000073838 (2)

1. Corporation Name

A.G.V. CORPORATION

2. Principal Office Address		**3.** Mailing Office Address	
1051 N.W. 185th. TERR.		1051 N.W. 185th. TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PEMBROKE PINES, FL,		City & State: PEMBROKE PINES, FL.,	
Zip: 33029	Country: BROWARD	Zip: 33029	Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 10-07-1994

5. FEI Number: 65-0529019 ☐ 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: ORLANDO VENTO

000003168470--7
-03/14/00--01044--016
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 1051 N.W. 185th. TERR.

Suite, Apt. #, Etc.

City: PEMBROKE PINES, FL., State: **FL** Zip Code: 33029

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: [signature] (Orlando Vento) Date 02-04-2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PVTD	VENTO, ANA G.	1051 N.W. 185th. TERRACE PEMBROKE PINES,FL,33029	PEMBROKE PINES, FLORIDA, 33029

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: X [signature] ANA G. VENTO — Date: 02-04-2000 — Daytime Phone #: 954-441-4763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 2000

Florida Department of State
Annual Reports Filings
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

RE: AGV CORPORATION
ID: 65-0529019

Please be advised that on our filing of 1998 we requested a change of address for our corporation. The records appeared not to be properly corrected by your offices. As per my conversation with Ms. Stacey, she has corrected our address. Attached, please find the application with a check for $300.00 for year 1999 and 2000.

Your assistance correcting this matter is greatly appreciated.

If you have any questions you may contact me at (561)482-1581.

Cordially,

Ana G. Vento, President