

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000087816

1. Entity Name  
ALTOVEN, INC.



Principal Place of Business  
8350 SW 11 TERR  
MIAMI, FL 33144

Mailing Address  
8350 SW 11 TERR  
MIAMI, FL 33144

FILED  
05 NOV -9 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3791 SW 122 Ave

3. Mailing Address

3791 SW 122 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 331

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

10182005

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3282521

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALI, PAULA E  
8350 SW 11 TERR  
MIAMI, FL 33144

Name Ali E. Paula

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

3791 SW 122 Ave

City

Miami

FL

Zip Code

33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Ali E. Paula

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/05

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PAULA, ALI E  
STREET ADDRESS 8350 SW 11 TERR  
CITY - ST - ZIP MIAMI, FL 33144

☐ Delete

TITLE ST  
NAME GREGORIA, PAULA  
STREET ADDRESS 8350 SW 11 TERRACE  
CITY - ST - ZIP MIAMI, FL 33144

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Addres  
NAME Change  
STREET ADDRESS 580060739495 SC  
CITY - ST - ZIP 10/18/05--01035--001 \*\*320.00

TITLE  
NAME Change  
STREET ADDRESS 800060769808  
CITY - ST - ZIP 10/19/05--01035--001 \*\*320.00

TITLE  
NAME Change  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME Change  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME Change  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME Change  
STREET ADDRESS  
CITY - ST - ZIP

REINSTATEMENT

T. Roberts NOV 1 0 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali E. Paula

Date

11/1/05

Daytime Phone #

786 5531235