

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000055720**

1. Corporation Name

M.V. PUBLISHING INC.

Principal Place of Business

Mailing Address

**6228 NW 181ST TERRACE
HIALEAH FL 33015**

**6228 NW 181ST TERRACE
HIALEAH FL 33015**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1995

5. FEI Number

65-0595549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
D	VILLAR, MAYRA	6228 NW 181ST TERRACE	HIALEAH FL 33015

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VILLAR, MAYRA
6228 NW 181ST TERRACE
HIALEAH FL 33015**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-14-03**

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mayra Villar **10-14-03** **305-819-4863**

Date

Daytime Phone #

CR2E040 (7/03)

September 16, 2003

Ref: P95000055720

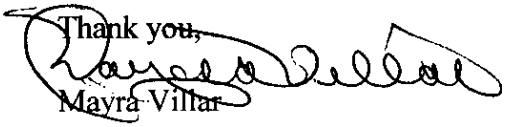
To Whom It May Concern:

Enclosed please find the original letter that was sent to me by the Division of Corporations, the reason that I sent in September was because I did not received any other one and I thought the dates had changed, if you go back to my record of how long I have had this Corporation you will see that this has never happened before.

Please take this into consideration I hate to loose my Corporation after all these years and I cannot afford to send the other 400.00 since I have been out of work for a while.

If you need further information please do not hesitate to call me at 305-819-4863.

Thank you,


Mayra Villar

October 16, 2003

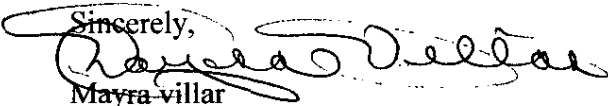
To Whom It May Concern:

Enclosed please find documents that were sent to me after I had sent the enclosed letter, I spoke to gentleman there and he suggested that I send the original letter again because it was never received.

Please take all these into consideration.

Thank you so very much.

Sincerely,


Mayra-villar