	DI CACE DEAD	A1 1 151C	TOUGTIONS	DEFORE O	NO ADI ET	INO THE PAR		n. 1012
AP	PLEASE READ PLICATION FOR ICOMORDIST	FLORI	DA DEPARTMEI Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State		r [£] l	他了	9,101) S
1. Corpor	UMENT # P9500 ation Name EL V & V, INC	97-9		98 JAN 23 AM 9: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1400 NE	Place of Business 191 STREET #222 IIAMI BEACH FL 33179	1400 NE 1	Malling Address 1400 NE 191 STREET #222 NORTH MIAMI BEACH FL 33179			## ### ### ### ### ### ### ### ### ###		
			h incorrect information and enter correction below. Now Mailing Office Address, If Applicable Suite, Apt. #, etc.		To Do Busi	Date Incorporated or Qualified To Do Business in Florida 10/05/1995		
City & Sta	te	City & State	City & State		5. FEI Numbe	65-0615820		Applied For Not Applicable
Zip	Country	Zip	Countr	у	6. CERTIFICAT	E OF STATUS DESIRED [\$8.75 Additi for a Certi	ional Fee required ficate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (F						
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		lumbers)	City / State / Zip			
D	ZEMBEL, VITALE	432 NE 89TH STREET			MIAMI FL 33138			
D	MASNEV, VLADIMIR		1400 NE 191 ST. #222		<u> </u>	N. MIAMI BEACH FL 33179		
					6	0000241	01083	005
						****315.0	016	*315.00 21 K
_						Wille ?	13/11	<i>V</i> o
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
ZEMBEL, VITALE								
1400 NE 191 STREET #222				Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH FL 33179				Suite, Apt. #, Etc.		State Zip Code		
					uele	F	EL ZIP CO	
io. I, bein Signature « Registered	g appointed the registered agent of the ab	ove named cor	poration, am t amiliar wi	in and accept the ob	oligations of Sect	on 607.0505, F.S. Date		
io Alei Gran		EGISTERED /	GENT MUST SIGN					

12. 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 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.

Yes L

No D

SIGNATURE

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SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

01, 12. 98 (305) 948-8525

Date Date Phone #

(See other side for information on intangible tax.)

pg. 2012 Dept. of State Tallahassee, PC. Dear Six Re: DOC. # 95000077645 ENCLOSED FEE FOR 1997 \$ 165 and FOR 1998 150, as per your instructions over The Phone. I didn't Receive The Renewal form JN 1997 and reguest ones the phone but didn't get it, so I asked my one friend to give his form and I Photo Capied U-Ernsed his name and mailed but theck was never Cashed

Page-2 Py-345 9 called and explained -that we have problem with our post office we Loosing a lots of Paper in the mail and also Complaint to past Office that we missing important Papers but so far no I rejust you to please Re-instalement lue Corporation 9 have enclosed \$150 for 1998 also Thank You kindley