

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -7 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079504

1. Corporation Name

MIV, INC.

2. Principal Office Address

600 Sandtree Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, Fla.

Zip

33403

Country

USA

3. Mailing Office Address

P. O. Box 30249

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

Zip

33420-0249

Country

USA

REINSTATEMENT *09-100*

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/13/1995

5. FEI Number

65-0611930

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

John P. Little

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

600 Sandtree Drive

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33403

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

John P. Little
REGISTERED AGENT MUST SIGN

Date 1/10/2000

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
PD	Carole A. Little	600 Sandtree Drive	W Palm Beach FL 33403
VTD	John P. Little	600 Sandtree Drive	W Palm Beach FL 33403
SD	Gregory D. Little	600 Sandtree Drive	W Palm Beach FL 33403
	XXX		6000003136506--1 -02/15/00--01117--014 ****908.75 ****908.75
	XXX		
	XXX		KE

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:

John P. Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Little VP

1-10-2000

Date

561-775-2900

Daytime Phone #