

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 FEB 27 PM 4:02

DOCUMENT # P96000060970

1. Corporation Name

THE VIVES, CORP.

2. Principal Office Address - No P.O. Box #

381 W. 64 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33012

Country

USA

Zip

Country

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **07/22/1996**

5. FEI Number

650609125

☐ 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

Sonia Vives

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

381 W 64th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

900222961579
02/24/12--01042--007 **1050.00

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

See Attached

Date

REGISTERED AGENT MUST SIGN

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	Jorge Vives	SAA	
TD	Juan Vives	SAA	
SD	Sonia Vives	SAA	

10. E-mail Address: **jorgemr@yahoo.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jorge Vives

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

FEB 27 2012

305 442 7970

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000060970			
1. Corporation Name THE VIVES, CORP.			
2. Principal Office Address - No P.O. Box # 301 W. 64 Street <small>Street, Apt. #, etc.</small>		3. Mailing Office Address Same <small>Street, Apt. #, etc.</small>	
City / State Hi Aleah, FL		City / State Same	
Zip 33012	Country USA	Zip 33012	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 07/22/1996			
5. FEI Number 650609125		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee Issued by a Certificate of Status			
7. Name and Address of Current Registered Agent Name Sonia Vives Street Address (P.O. Box Number is Not Acceptable) 301 W 64th Street City, Apt. #, Etc. Hi Aleah			
State FL		Zip Code 33012	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S. Signature of Registered Agent <u><i>Sonia Vives</i></u> REGISTERED AGENT MUST SIGN Date 2-27-12			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonstock corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
FD	Jorge Vives	SAA	
TD	Juan Vives	SAA	
ED	Sonia Vives	SAA	
10. E-mail Address: jorgemmr@yahoo.com <small>(To be used for future annual report notification)</small>			
I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all taxes owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted as a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.			
SIGNATURE: <u><i>Sonia Vives</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/27/2012 <small>File #</small> 470 <small>Daytime Phone #</small> 305 442 7970	