PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT				DEPARTMENT OF STATE Secretary of State						
REIN	ISTATEN				=	ION OF CORPORATIONS		12 FEB 27 PM 4: 02			
DOCUMENT # P96000060970								i.i.	alegi et ja j		
1. Corporation Name THE VIVES, CORP.										1	
					3. Mailing Office Address Same			REINSTATEMENT 10-12-			
Suite, Apt. #, etc.				Suite. Apt. #, etc.			CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 07/22/1996				
City & State Hialeah, FL				City & State		5. FEI Number Applied For Not Applied by Applied For			_		
Zip 33012	^{Zip} 33012		ntry Zip		Co	untry	6. CERTIFICATE OF STATUS DESI		60.75	quired	
N		7. Na	me and Address o	f Current Regis	tered Agent		_				
Name S	Sonia V	'ives									
Street Address (P.O. Box Number is Not Acceptable) 381 W 64th Street											
Suite, Apt. #, Etc.								900222961579 02/24/1201042007 **1050.00			
_{City} Hìaleah					Sta F	Zip Code L 33012					
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 Date REGISTERED AGENT MUST SIGN											
9. Names	and Street A	ddresses				orporations must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Director			<u> </u>		City / State / Zip		
PD	Jorge Vives				SAA						
TD	Juan Vives				SAA						
SD	Sonia Vives				SAA						
										_	
10. E-mail Address: jorgemrmr@yahoo.com (To be used for future annual report notification)									_]		
reinstate owed by	ement applica y the corporati under oath. I	tion, the i	reason for dissolution been paid. I further that false informati	n has been elim	npowered to exinated, the corporation indicated	ecute this application as prate name satisfies the r on this application is true	provided for in charequirements of se	ction 607.0401 of my signature s	S. I further certify that when filing this or 617.0401, F.S., and that all fees shall have the same legal effect as provided for in s.817.155, F.S.		
		~~~	SIGNATURE AND	YPED OR PRINT	ED NAME OF SIG	NING OFFICER OR DIRECT	OR	, and the second	to Daytime Phone #	#	

FEB 27 7017 305 442 7930

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PLEASE RE	AD ALL INS I	ROCTIONS BEFORE		NG THIS I CITIV	•	
©RPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State Islan of Componations				
DCCUMENT # P9600	0060970					
THE VIVES, CORP.						
2. Enciphi Office Address - No P.O. Box #	3. Meling (	Office Address	7			
3€ W. 64 Street	Same		j			
Sime-Apt #, alc.	Stills, Apt, #	sic.	CR2EOB3 (11/10)			
			Date Incorporated or Qualified     To Do Business in Florida 07/22/1996			
cily see Hilleah, FL	City & Sinte		1. FEI Number 65060912	,	Applied Fer Not Applicable	
33012 USA	Zip	Country	6. CRATIFICATE	6. CRATIFICATE OF STATUS DESIREO \$8.75 additional		
7. Name and Ad	draw of Current Repl	Stored Agent			,	
Sonia Vives			]			
St of Address (P.O. Box Number is Not Ac 3=1 W 64th Straut	captable)		1			
Sino, Apt #. Ele		<u> </u>				
 <del> </del>		·····	_}			
C- H <b>e</b> lesh		FL 33012	<u> </u>	أسبب فالكال المستوارة والتراب فالمراب	و انسان ایجی سیان که در جیری	
8. 1, being appointed the registered agent of Signature of Registered Agent Ag	u ·	oration, orn familier with and occapi line.  BENT MUST SIGN	obligations of section	on 807 0508 or 617,0903, F		
9_ Names and Street Addresses of Each O	Ficer endror Director (F)	orida monprofit carporgiloria must (ist at l	onsi 3 directars)			
When Officers and/or C	Mectors	Street Address of Each Officer and/or Direct	or or	City / \$	tnie / Zip	
FD Jorge Vives	····	SAA				
ID Juan Vives		SAA			· · · · · · · · · · · · · · · · · · ·	
SD Sonia Vives		SAA				
	<del></del>					
			<u>.                                    </u>			
		e e				
1 - B-mall Address: Jorgemmr@	gyahoo.com	(To he used for heurs sential repai	n notification)	····		
I certify that I am an officer or director or instatement application, the reason for loved by the catoprofile in two uses point if made under ooth, I am sense that felso IGNATURE:	Resolution has been eiter Funition confly, the Infon Information pubmitted in	mpowered to execute the application as	sprovided for in the requirements of sai a and Accurate, And constitutes a third di	ction 507 0401 or \$17,0401. I my aigneture chall have the egrice falony ha provided for the care.	FS , and that of fees o asmit legal affect as in a.617,155, F.S ارسے	
FIGHATUI	E AND THE OR PRINT	EN WHITE OF STREET OF STREET	TUIL	phie /	Daylima Phone 8	

305 442 792