

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 27 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095658

1. Corporation Name

GVFI. Investment Corp.

2. Principal Office Address

49 Palm Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

U.S.

3. Mailing Office Address

5825 Sunset Drive

Suite, Apt. #, etc.

Suite 210

City & State

South Miami, Florida

Zip

33143

Country

U.S.

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

November 20, 1996

5. FEI Number

65-07623567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Peter Previti

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

5825 Sunset Drive,

Suite, Apt. #, Etc.

Suite 210

City

South Miami

State

FL

Zip Code

33143

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

5-21-03

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
P/T/D	Frank Hall	49 Palm Avenue	Miami Beach, FL 33139
S	Peter Previti	5825 Sunset Drive, #210	South Miami, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-03 305-662-9504

Daytime Phone #

CR2ED01 (10/02)

7/5/25