

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003293

1. Corporation Name

The Viva Partnership, Inc

2. Principal Office Address

3361 SW 3rd Ave Ste # 102

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33145

Zip

Country

07 JUN 1997 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/1997

5. FEI Number

65-0719975

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

Linda Lane Gonzalez

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

3361 SW 3rd Ave

Suite, Apt. #, Etc.

102

City

Miami

State

FL

Zip Code

33145

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 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
DP	Linda Lane Gonzalez	3361 SW 3rd Ave Ste 102	Miami, FL 33145

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06/26/07--01036--004 **1050.00

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

Linda Lane Gonzalez

Date

6-11-07

305-576-6007

Daytime Phone #