PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068469

1. Corporation Name

Masvi International, Inc.

900129591949
05/15/08--01004--023 **1200.00
CR2E081 (12/07)

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

1701 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

1701 Coral Way

Suite, Apt. #, etc.

City & State
Miami, Fl

City & State
Miami,

Zip 33145   Country USA

Zip 33145   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1997

5. FEI Number 650853390   ☐ 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 Omneris Monteagudo-Lopez

Street Address (P.O. Box Number is Not Acceptable) 1701 Coral Way

Suite, Apt. #, Etc.

City Miami, Fl   State FL   Zip Code 33145

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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   O. Monteagudo Lopez
REGISTERED AGENT MUST SIGN
Date 5-14-08

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	Omneris Monteagudo-Lopez	1701 Coral Way	Miami, Fl 33145
VP	Jorge Monteagudo	1701 Coral Way	Miami, Fl 33145
			B. 5/15/08
		REINSTATEMENT 05-08	

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 contained in Chapter 119, 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   O. Monteagudo Lopez   5-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #