

**P97000075931**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008-2012

CORPORATION

REINSTATEMENT

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000075931**

1. Corporation Name

**C.V. ASSOCIATES, INC.**

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

**52 4215 P.O. Box**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

Zip

**33152**

Country

**DADE**

3. Mailing Office Address

**10399 SW 88 ST.**

Suite, Apt. #, etc.

**A.A. 2**

City & State

**MIAMI FL**

Zip

**33176**

Country

**DADE**

7. Name and Address of Current Registered Agent

Name

**FRANK HARVEY ESQ**

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

**3050 BISCAYNE BLVD**

Suite, Apt. #, Etc.

**620**

City

**MIAMI**

State

**FL**

Zip Code

**33137**

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

REGISTERED AGENT MUST SIGN

Date

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
<b>PRES</b>	<b>ROBERT F. RILEY</b>	<b>10399 SW 88 ST UNIT A2</b>	<b>MIAMI FL 33176</b>
<b>SEC TREAS</b>			

**FF \$1600.00**

**B Tadlock FEB 23 2012**

10. E-mail Address: **R.F. Riley @ ATT.NET**

(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:

**Robert F. Riley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**12 FEB 23 PM 2:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**100223089681  
02/27/12--01005--005 \*\*600.00**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-2-1997**

5. FEI Number

**650804541**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status