

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000075931

1. Corporation Name

C.V. ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 524215  
MIAMI FL 33152

Mailing Address

P.O. BOX 524215  
MIAMI FL 33152

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/02/1997

5. FEI Number

65-0804541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RILEY, ROBERT	10399 S.W. 88TH ST. APT A12	MIAMI FL 33176

800024517818  
11/07/03--01085--005 \*\*150.00

8. Name and Address of Current Registered Agent

HARVEY, FRANK ESQ.  
SHERMAN & FISCHMAN, P.A.  
3050 BISCAYNE BLVD., SUITE 600  
MIAMI FL 33137

FISCHMAN, HARVEY &  
DUTTON P.A.

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Frank Harvey*  
REGISTERED AGENT MUST SIGN

Date 10/27/03

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., 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:

*Robert F. Riley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03  
Date

305.481-7200  
Daytime Phone #

CR2E040 (7/03)

# C. V. Associates, Inc.



Post Office Box 52-4215  
Miami, Florida 33152

305 596-2940  
305 465-4700 Pager

October 15, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Request to Wave Late Fee

To whom It May concern:

I am requesting that the late fee be waved for this company. We had not received any notice until this Notice of Administrative Dissolution.

I have enclosed a check for \$150.00, as directed by Mr. Scott with your department, along with the completed form.

Thank you for your help.

Sincerely,

Robert F. Riley  
President