

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 20, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P98000022714**

1. Corporation Name

M & A BUSINESS VENTURES, INC.

Principal Place of Business

**2085 NORTH POWERLINE RD. STE. 2
POMPANO BEACH FL 33069**

Mailing Address

**2085 NORTH POWERLINE RD. STE. 2
POMPANO BEACH FL 33069**

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

03/09/1998

5. FEI Number

65-0817694

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STPD	OZGERCIN, ALEV	2085 N. POWERLINE RD. STE. 2	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

**OZGERCIN, ALEV
2085 N. POWERLINE RD., STE 2
POMPANO BEACH FL 33069**

9. Name and Address of New Registered Agent

Name
Alev Ozgercin
Street Address (P.O. Box Number is Not Acceptable)
2085 N Powerline Rd
Suite, Apt. #, Etc.
Suite #2
Pompano Beach State **FL** Zip Code **33069**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/4/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alev Ozgercin-Pres

Date

11/4/02

CR2E040 (8/02)