

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000079707**

**1. Corporation Name** **IVM Corporation**

**2. Principal Office Address**

**20451 SW 216 ST**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33170**

Country

**USA**

**3. Mailing Office Address**

**20451 SW216 ST Miami, FL 33170**

Suite, Apt. #, etc.

City & State

**Miami, Florida 33170**

Zip

**33170**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number 65-0866900**

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

**SWANN & HADLEY, P.A.**

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

**1031 WEST MORSE BLVD.**

Suite, Apt. #, Etc.

**SUITE 270**

City

**WINTERPARK**

State

**FL**

Zip Code

**32789**

**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
PSD	VILA, JUAN C	20451 SW 216 ST.	MIAMI, FL 33170
VT	VILA, MARIA	20451 SW 216 ST.	MIAMI, FL 33170

**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

Date

Daytime Phone #

*Maria Vila* 10/14/03 305 255 9206

CR2E081 (10/02)