PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 PM 12:22

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05/25/06--01019--016 **900.00

DOCUMENT # P99000074992

1. Corporation Name

RENE VIVO & ASSOCIATES, INC.

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
7545 W 24th Ave		7545 W 24th Ave	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33016	Country US	Zip 33016	Country US

4. Date Incorporated or Qualified To Do Business in Florida 08/23/1999

5. FEI Number 60-5943545 ☐ 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: RENE VIVO

Street Address (P.O. Box Number is Not Acceptable): 7545 W 24th Ave

Suite, Apt. #, Etc: Suite 100

City: Hialeah, FL | State: FL | Zip Code: 33016

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 _____ Date 5-4-06

REGISTERED AGENT MUST SIGN

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
P,D	RENE VIVO	7545 W 24th Ave	Hialeah, FL 33016
VP,D	EVELYN VIVO	7545 W 24th Ave	Hialeah, FL 33016

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: _____ President 5-4-06 305-817-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RENE VIVO & ASSOCIATES, INC.
7545 WEST 24TH AVENUE, SUITE 100
HIALEAH, FL 33016
PHONE (305) 817-8899

May 4, 2006

Department of State
Division of Corporations
Annual Report/Reinstatement Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TAXPAYER: **RENE VIVO & ASSOCIATES, INC.**
DOC. NO.: **P99000074992**
FORM: **APPLICATION FOR REINSTATEMENT**
PERIOD: **2001 TO 2006**

Gentlemen / Mesdames:

I am writing to you regarding the penalties imposed as a result of the late filling of the Corporate Reinstatement Form. Foremost, please note that it was not my willful neglect or intent to not timely pay and file the Corporate Annual Report but simply a result of the facts stated below.

During the middle of 2000 I moved business locations. As a result of the address change, I had all of my mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was never forwarded to the new address. It was not until this past week when I was contacted by my bank that I realized that the annual report was never filed. Therefore, please up-date your records accordingly to reflect the correct address as **"7545 West 24th Avenue, Suite 100, Hialeah, FL 33016"**.

In light of the above facts, I respectfully request the abatement of all penalties. In addition, enclosed please find a check for $900, which represents the annual fee for 2001 to 2006.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Rene Vivo, President

Enclosures