

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 10 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076036

1. Corporation Name

NIVLA INVESTMENTS CORPORATION

2. Principal Office Address

7955 NW 12TH STREET

Suite, Apt. #, etc.

SUITE 400

City & State

DORAL, FL

Zip

33126

Country

USA

3. Mailing Office Address

7955 NW 12TH STREET

Suite, Apt. #, etc.

SUITE 400

City & State

DORAL, FL

Zip

33126

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0945686

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARENA J. PRADO - ACOSTA

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

7955 NW 12TH STREET

Suite, Apt. #, Etc.

SUITE 400

City

DORAL

State

FL

Zip Code

33126

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

[Signature of Arena Prado]
ARENA PRADO

Date 11/08/05

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
D	ALEX BARROSO	7955 NW 12th Street, Ste 400	Doral, FL 33126

000061638280

11/22/05--01089--017 **1050.00

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

[Signature of Arena Prado]
ARENA PRADO

Date

11/08/05 305-470-7504

Daytime Phone #