

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000099271**

1. Corporation Name

**MVP PROPERTY MANAGEMENT
SERVICES INC.**

REINSTATEMENT 0-04

900028436229
02/09/04--01057--021 **300.00

2. Principal Office Address

8055 SANTEE DR

Suite, Apt. #, etc.

3. Mailing Office Address

8055 SANTEE DR

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34747

Country

USA

Zip

34747

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

593629830

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

GEOFFREY SINKER

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

8055 SANTEE DR

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34747

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]

Date

02/05/04

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.	LINETTE SINKER	8055 SANTEE DR	KISSIMMEE, FL, 34747
T.	GEOFFREY SINKER	8055 SANTEE DR	KISSIMMEE, FL, 34747
S	LYNETTE SINKER	"	"
V	GEOFFREY SINKER	"	"

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/05/04

Daytime Phone #

CR2E081 (01/04)