

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042 039
150.00
8.75 -

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V46218

1. Corporation Name

FYV, INC.

Principal Place of Business

Mailing Address

4599 127 AVENUE
MIAMI FL 33175
US

4599 127 AVENUE
MIAMI FL 33175
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1992

5. FEI Number

65-0341710

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DVS	MORE, YOLANDA	4599 SW 127 AVENUE	MIAMI FL
DPT	VERGARA, FERNANDO	4599 SW 127 AVENUE	MIAMI FL

800002701398--8
-12/03/98 01042-003
****158.95 ****158.95

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VERGARA, YOLANDA M
12045 SW 43 ST
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See instructions for information
on intangible tax.)

12. 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

Date

Daytime Phone #

11/15/98

305 559-6121

CR2E040 (9/98)

2012

11/15/98

To whom it may concern:

I sent the money for renewal
of Corporation back in June
or July. I have to look
thru my check stubs to
send you copy in the
meantime please renew my
Corporation.

Thank you
Uplonda Vergara
V. P.

(305) 559-6121