

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67184

1. Corporation Name

J.F.V. DESIGNS, INC.

Principal Place of Business

815 MONTANA STREET
ORLANDO FL 32803

Mailing Address

815 MONTANA STREET
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1992

5. FEI Number

59-3144719

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 3	City / State / Zip 4
DP	VAIDA, JEFFREY	815 MONTANA STREET	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 #

10-25-02 407 895 6608

CR2E040 (8/02)

J.F.V. DESIGNS INC.

1523 FALCON COURT
ORLANDO, FLORIDA 32809

Phone 407-895-6608
Fax 407-895-4743

October 25, 2002

Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

Dear Sirs,

I was surprised to receive a notice of revocation of incorporation this week.

Due to mail delivery problems I have changed my mailing address until the problem can be solved. I am renting space in a building that faces another street and has a totally different address. It depends on who the mail carrier is for the day as to whether I receive my mail or it goes elsewhere.

My accountant normally reminds me of important dates for necessary papers to be filed but she left the state in March without giving me any notice. I have just recently hired a new accountant and have not had the guidance I depend on concerning these matters.

Please accept my apology. I had no idea that this fee was due nor that the accountant did not inform me.

Thank you for your assistance in this matter.

Sincerely,



Jeffrey F. Vaida