

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 12 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69123

1. Corporation Name

F. V. ASSET HOLDINGS, INC.

2. Principal Office Address

3523 N.W. 116 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33167

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0362949

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

STANLEY JAY BARTEL

100007807171-8

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

46 S.W. 1st Street

09/17/02 01069-001

***308.75 ***308.75

Suite, Apt. #, Etc.

Suite 400

City

Miami

State

FL

Zip Code

33130

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

Stanley Jay Bartel
REGISTERED AGENT MUST SIGN

Date August 14, 2002

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
Pres/ Secy	MARIA C. VEGA	15540 Sharpecroft Dr.	Miami Lakes, FL 33014
Treas & Dir.			
Asst. Secy	MARIA ALFARO	46 S.W. 1st St., #400	Miami, FL 33130

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

Maria Alfaro, Asst. Secy August 14, 2002 (305) 358-4949

Date

Daytime Phone #