

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H42288

Entity Name: ETVIANE, INC.

FILED  
Apr 09, 2007  
Secretary of State

**Current Principal Place of Business:**

925 15 PLACE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

939 15TH PL  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

925 15 PLACE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

939 15TH PL  
VERO BEACH, FL 32960 US

FEI Number: 59-2502442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAZZARI, VICTOR  
929 15TH PLACE  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

FAZZARI, VICTOR  
1801 INDIAN RIVER BLVD  
APT C-5  
VERO BEACH, FL 32960 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTOR FAZZARI

04/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FAZZARI, VICTOR,  
Address: 1801 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete  
Name: ATKINSON, CHRISTIE  
Address: 1801 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete  
Name: FAZZARI, ANTHONY,  
Address: 1801 INDIAN RIVER BLVD  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR FAZZARI

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date