

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

98 AUG 21 AM 8:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S84347

1. Corporation Name
EQUIDEV INC.

Principal Place of Business
Henry Bleier, CPA
 2699 Stirling Rd.
 Suite C-307
 Ft. Lauderdale, FL
 33312

Mailing Address
Henry Bleier, CPA
 2699 Stirling Rd.
 Suite C-307
 Ft. Lauderdale, FL
 33312

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

4. Date Incorporated or Qualified To Do Business in Florida

10/02/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0287342

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Azimov, G.	7920 Mackle Road	Montreal, Quebec Canada H4W 1A7
			800002627868--1 -08/28/98--01074--004 ****900.00 ****900.00
			<i>[Handwritten Signature]</i> 8-25-98

8. Name and Address of Current Registered Agent

Henry Bleier
 2699 Stirling Rd.
 Suite C-307
 Ft. Lauderdale, FL 33312

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

8/18/98

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

Yes No

(See other side 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/98
 Date

954-963-1444
 Daytime Phone #

CPRECO-0 (1-98)