PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 30 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004989 (7)

1. Corporation Name

ETERNAL VENTURES LTD. INC.

Principal Place of Business	Mailing Address
8682 NW HWY 225A OCALA, FL 34482	8682 NW HWY 225A OCALA, FL 34482

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

REINSTATEMENT 09

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
C/O Berkowitz Dick Pollack	c/o Berkowitz Dick Pollack
Suite, Apt. #, etc. 1 SE 3rd Ave, 15th Floor	Suite, Apt. #, etc. 1 SE 3rd Ave, 15th Floor
City & State Miami, FL	City & State Miami, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/27/1996

5. FEI Number: 59-3405910 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for Certified Copy

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	MO, MORTEN	LILLEAKERVEIEN 4	0216, OSLO, NORWAY
D	KLEVEN, MORTEN	LORENTZEN AND STEMOCO AS, LILLEAKERVEIEN 4	N-0216, OSLO, NORWAY
C	NAGELL-ERICHSEN, EINAR C	HAFRSFJORDG 8	0273, OSLO, NORWAY
D	BERMAN, NINA	LILLEAKERVEIEN 4	0216, OSLO, NORWAY

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SANDY HUGHES 8682 NW HWY 225A OCALA, FL 34482	Name: HCRM Corp. Street Address (P.O. Box Number is Not Acceptable): 2200 CORPORATE BLVD. N.W. Suite, Apt. #, Etc.: SUITE 401 City: BOCA RATON State: FL Zip Code: 33431

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: Andrew M. Gross V.P. Andrew M. Gross Date: 11-29-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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.

KE

SIGNATURE: Einar C. Nagell-Erichsen 11/22/1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Chairman — Date — Daytime Phone #