CR2E034 (10/00)

1. Entity Name CELTVIS Principal Place 428 EUCLID AV SUITE 407	CORPORATION of Business ENUE	Mailing Address 1428 EUCLID AVENUE SUITE 407	······································		FILE VICTOR OF CO	EU OF STATE RPORATION			
428 EUCLID AV SUITE 407 MAMI BEACH F	ENUE	1428 EUCLID AVENUE SUITE 407				FILEU FI			
428 EUCLID AV SUITE 407 MAMI BEACH F	ENUE	1428 EUCLID AVENUE SUITE 407			03 MAY 19	DM (0. Fo	••	•	
2. Principal Pla		1428 EUCLID AVENUE			— 03 МДҮ 1.9 РМ № : 52				
	ace of Business	3. Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4.	FEI Number			plied For	
Zip	Country	Zip	Country		0.175	<u></u>	.75 Add	t Applicable itional	
					Certificate of Status Desired	Fee	Require		
	6. Name and Address of Current F	Registered Agent	Name ;	7.	Name and Address of New		nt		
RODRIGUEZ, WILTON			Street	MITC	Box Number is Not Acceptate	165			
1428 EUCLID AVENUE SUITE 407			Jueer /		BOX NUMBER IS NOT ACCOUNT.				
•	. 407 BEACH FL 33139		142	18 EL	uclin ave.	#407			
				Mian	ni Rol	FL	Zip Cod	79	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	r registered a	agent, or both, in the State of F	lorida.	ىرى	 	
SIGNATURE _	Signature, typed or printed name of registered agent a), (NOT)	E: Registered Agent signs	ture required when	n reinstating)	DATE	0/0	3	
	ation is eligible to satisfy its Intangible equirement and elects to do so.	r ·	!! FEE IS \$150 01 Fee will be \$ ble to Departmen	550.00	10. Election Campaign F Trust Fund Contribut			May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		DDITIONS/CHANGES TO OF		RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, WILTON 1428 EUCLID AVENUE SUITE 407 MIAMI BEACH FL 33139	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 28 86 P1	in Rodriguez, Euclid Ove# Umi Beach, F	PD = =407 7 331	Change	Addition	
TITLE		☐ Delete	TITLE	VVII	Um Back t		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		700020 05/29/0301062	25438 009 **	7 450.0	0	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME Street Address City-St-Zip	ļ					
CITY-ST-ZIP TITLE	·	Delete	TITLE	<u> </u>			Change	Addition	
NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS				Change	C. Addition	
CITY-ST-ZIP			CITY-ST-ZIP	-					
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS				Change	Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP						

indicated on this report of supplemental report is true and accurate and that my 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 office empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like len powered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To whom it may concern:

I am respectfully asking for your help in order to void the reinstatement fee for CELTVIS CORPORATION. I did not get the forms to file a corporate report for the years 2001,2002 and 2003.

Thank you for your help.

Sincerely,

Roduk Willton Rodrick Willton

President/CEO