

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047425

1. Corporation Name

EVOLUTION ENTERTAINMENT SYSTEMS, INC.

Principal Place of Business

6175 NW 167 STREET
UNIT G-8
MIAMI FL 33015
US

Mailing Address

6175 NW 167 STREET
UNIT G-8
MIAMI FL 33015
US

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

2. New Principal Office Address, If Applicable

6187 NW 167 Street

Suite, Apt. #, etc.

UNIT H-2

City & State
MIAMI FL

Zip
33015

Country
USA

3. New Mailing Office Address, If Applicable

6187 NW 167 Street

Suite, Apt. #, etc.

UNIT H-2

City & State
MIAMI FL

Zip
33015

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/2000

5. FEI Number

65-1007318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	GERBER, DANIEL	(17021 N DAY RD APT 302) NEW ADDRESS 1301 NE MIAMI GARDENS DR.	SUNNY ISLES BEACH FL 33160 N MIAMI BEACH FL 33179

300008974693
11/13/02--01017--013 **750.00

8. Name and Address of Current Registered Agent

GERBER, DANIEL
6175 NW 167 STREET UNIT G-8
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/05/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/02 1305970-6697

CR2E040 (8/02)