

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**01-02-UBR**

DOCUMENT # **P00000072907**

1. Corporation Name

**EVOLUTION PIROUETTE, INC.**

**192**

**FILED**

**02 FEB 18 AM 11:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**300005110919--8**  
-03/15/02--01049--018  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address <b>10255 SEMORAN BLVD.</b>		3. Mailing Office Address <b>6340 Green Valley Circle</b>	
Suite, Apt. #, etc. <b>Suite 1093</b>		Suite, Apt. #, etc. <b>216</b>	
City & State <b>WINTER PARK, FL</b>		City & State <b>Culver City, CA</b>	
Zip <b>32792</b>	Country <b>USA</b>	Zip <b>90230</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>08/01/2000</b>	
5. FEI Number <b>59-3664574</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$875 Additional Fee required for a Certificate of Status</b>	

7. Name and Address of Current Registered Agent

Name <b>ELZA PRADO OLIVEIRA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6340 Green Valley Circle 216</b>	
Suite, Apt. #, Etc.	
City <b>Culver City, CA</b>	State Zip Code <b>CA 90230</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Elza Prado Oliveira**

Date **01/28/02**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PSD</b>	<b>ELZA PRADO OLIVEIRA</b>	<b>6340 Green Valley Circle 216</b>	<b>Culver City, CA 90230</b>

10. 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:

**Elza Prado Oliveira**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/02** **310-508-3409**

Date

Daytime Phone #

CR2081 (9/99)

272



FROM: EVOLUTION PIROUETTE, INC.  
1025 S. Semoran Blvd Suite 1093- Winter Park, FL 32792- USA  
Phone: (310)508-3409- Fax: (310) 568-9549  
E-mail: evolutionpirouette@evolutionpirouette.com.br

January 24, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report fillings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Evolution Pirouette Inc.  
Doc#P00000072907  
EIN#59-3664574

To Whom it may concern,

This is to inform you that I never received a Business Uniform Report for the year 2001, we are submitting the application with the corresponding fees, and please advice of any other actions we should take.

Sincerely

  
Elza Prado Oliveira

EVOLUTION PIROUETTE INC.