


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000081701</u>			
1. Corporation Name EVERY VALUABLE APPLICATION NECESSARY CORP			
2. Principal Office Address 3215 NW 10TH TERRACE Suite, Apt. #, etc. 208 City & State FT LAUDERDALE FL Zip 33310 Country USA		3. Mailing Office Address PO BOX 5386 Suite, Apt. #, etc. City & State FT LAUDERDALE FL Zip 33310 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 08/29/2000	
5. FEI Number 64-1048764	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name LARRY SACKS		
Street Address (P.O. Box Number is Not Acceptable) 651 OKEECHOBEE BLVD <u>000018680330</u>		
Suite, Apt. #, Etc. 511		
City WEST PALM BEACH	State FL	Zip Code 33041

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 <u>[Signature]</u>	Date 4/28/03
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
PRES	LARRY SACKS	651 OKEECHOBEE BLVD	W PALM BEACH FL 33041

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: <u>[Signature]</u>	Date 4/28/03 Daytime Phone # 800 338-0763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (10/02)

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