


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 AUG 11 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091263	
1. Entity Name EVELEX CORPORATION	

Principal Place of Business 2410 EAST 8TH AVENUE HIALEAH, FL 33013-4235	Mailing Address 2040 S.W. 129TH AVENUE MIAMI, FL 33175
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2. Principal Place of Business 900 West 29th St. Suite, Apt. #, etc.	3. Mailing Address 6045 S.W. 106th St. Suite, Apt. #, etc.
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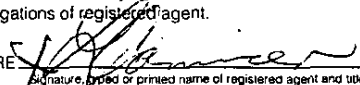
City & State Hialeah Fla.	City & State Pinecrest Fla.
Zip 33012	Zip 33136
Country U.S.A	Country U.S.A



07212006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1042259		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARNICER, LISETE 900 WEST 29TH STREET HIALEAH, FL 33010		
7. Name and Address of New Registered Agent Name: Luete Carnicer Street Address (P.O. Box Number is Not Acceptable): 6045 S.W. 106th St. City: Pinecrest FL Zip Code: 33136		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 7/31/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNICER, LISETE 900 WEST 29TH STREET HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500078883115 08/18/06--01040--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500078883115 08/18/06--01040--012 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 7/31/06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06