## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

Ethereal Evolution, Inc.

03 SEP 19 PM 1:26

400023517534

2. Principal Office Address 6752 Plantation Pines Blvd		3. Mailing Office Address PO BOX 61236		40002351 10/02/030107500	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		4. Date Incorporated or Qualified To Do Business in Florida 5-15	i-2001
City & State Fort Myers, FL		Gity & State Fort Myers, FL		5. FEI Number 59-3731938	Applied For
<sub>Zip</sub> 33912	Gountry USA	Zip Country 33906 USA		GERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
		7. Name	and Address of Current		

Street Address (P.O. Box Number	r is Not Acceptable) 6752 Plantation Pines Blvd	
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Suite, Apt. #, Etc. ,		
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City Cost May 200	ents I glade of profession and a control of the state of the second of the state of the second of th	State Zip Code *

Registered	d Agent	D AGENT MUST SIGN	9-15-2003			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles		Street Address of Each Officer and/or Director	City / State / Zip			
Р	Dustin Juliano	1326 Bradford Rd	Fort Myers / FL / 33901			

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 filling this reinstalement 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:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-2003

Daytime Phone #

239-218-3878





Ethereal Evolution, Inc. 6752 Plantation Pines Blvd Fort Myers, FL 33912

Tel: (239) 218-3878 Fax: (239) 561-0326

Email: contact@universeunlimited.com

Department of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

Dear Sir or Ma'am:

My name is Dustin Juliano. I am the CEO of Ethereal Evolution, Inc. with document number P01000048205 and on its behalf I am corresponding with you as I was instructed by one of the representatives for Florida State regarding our corporate status.

It has recently come to my attention that we are well over due for our Uniform

Business Report. We respectfully request a plea for waiver of late fees for our filing.

Included we remit to you the one-hundred and fifty US dollars for the normal filing date along with a reinstatement form, as instructed per our telephone conversation with the representative. We were also told to inform you that we did not receive our UBR packet in the mail. We would be grateful for your acceptance of our plea, considering that this is our first time filing late and that we are a very small startup.

Thank you in advance,

Dustin Juliano

CEO

Ethereal Evolution, Inc.