

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008786842

11/04/02--01077--010 **150.00

DOCUMENT # P01000083101

1. Corporation Name

EVOLUTION CONSULTING U.S.A. CORP.

Principal Place of Business

Mailing Address

9600 NW 25TH STREET SUITE 3D
MIAMI FL 33172

9600 NW 25TH STREET SUITE 3D
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

8181 NW 36 STREET

Suite, Apt. #, etc.

SUITE #14A

City & State

MIAMI FL

Zip

33166

Country

USA

3. New Mailing Office Address, If Applicable

8181 NW 36 STREET

Suite, Apt. #, etc.

SUITE #14A

City & State

MIAMI FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2001

5. FEI Number

65-1131808

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PEREIRA, JOAQUIM JR	9600 NW 25TH STREET SUITE 3D	MIAMI FL 33172
S	KNIGH, JALUIA	9600 NW 25TH STREET SUITE 3D	MIAMI FL 33172

8. Name and Address of Current Registered Agent

MESA, MANUEL ARTHUR ESQ
100 SE 2ND STREET 37TH FLOOR
MIAMI FL 33131

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. 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 #

10/30/02 305-593-9611

CR2E040 (8/02)



October 30th, 2002

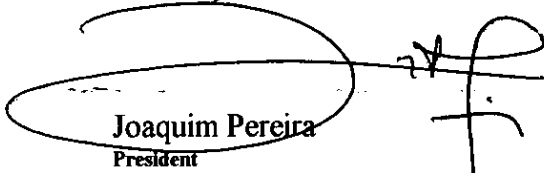
To whom it may concern at the Division of Corporations,

My name is Joaquim Pereira and I am the President for Evolution Consulting USA Corp, located at 8181 NW 36th.Street 14A, Miami, Florida, USA, 33166.

The reason I am writing to you is to explain that I have never received the 2(two) notices from the Division of Corporations.

Please find attached the request for reinstatement and the check for the original amount.

Sincerely,

A handwritten signature in black ink, appearing to be "JP" or similar, written over a large, loopy oval shape.

Joaquim Pereira
President

7175 N.W. 179th. Street 14A Miami FL 33166

Phone: 305 593-9611 Fax: 305 593-9699