## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									ſΕ	FILED 05 JAN 28 PM 1:58						
DOCU 1. Corporat	tion Name					2 830 L Co					Γ,	SECRETA ALLAHAS	IRY OF SSEE, F	STATI LORID	E A	
2. Principal Office Address  /// Sw 2 P Ave  Suite, Apt. #, etc.  City & State					3. Mailing Office Address  S'AME  Suite, Apt. #, etc.  City & State				<b>₹</b>	4. Date Incorporated or Qualified To Do Business in Florida 09 /0/  5. FEI Number Applied For						
FORT LAUD. FL Zip Country 33301 BROWARD				<u> </u>	Zip		Country			6.	1141 OF STATU	273 s desired <b>Ľ</b>	\$8.75 Ad for a C		applicable se required of Status	
					7.	Name and A	ddress of C	urrent Rec	istere	d Agent						•
		\$ \( \text{.} \)	. Box Numb	er is No	F2L ot Acceptable) Pv =						State <b>FL</b>	Zip Code 333	c/			
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  REGISTERED AGENT MUST SIGN															CR2E081 (01/05)	
9. Names	and Street Ad	dresses	of Each Offi	cer and	or Director (F	lorida nonpro	fit corporation	ns must list	t at lea:	st 3 directors)			• • • •		·	1
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director					City / State / Zip					
P/D V/D S/D	ALAN PUSSEZL MIKE TASCIONE JAMES COLDARO					111	111 Sw 200 AUK				FT LALD FL 3330/ FT LALD FL 3330/ FT LALD FL 3330/ 500045895165 03/0501008-7000 **608.75					
					•							Z.	3CH			1
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 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:    Comparison   C																

ENVY PROMOTIONAL CORP. 111 S.W. 2<sup>nd</sup> AVE. FORT LAUDERDALE, FL.33301

**Division of Corporations** 

To whom it may concern:

I have not received the past two Annual Report Notices, since they were not sent to the proper address that is shown above. This has caused the corporation to become inactive. I wish to reinstate this corporation to make it active again. I have filled out the information needed in the corporation reinstatement form and enclosed a check for \$600.00. (PLOS 875 FCA CERT OF STATUS FEET)

Thank You

Alan Russell President / Owner