## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APF	PLICATION
<b>.</b>	FÖR
REIN	STATEMEN <sup>1</sup>



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## P01000119787 **DOCUMENT #**

03 MAR -3 PM 12: 31

1. Corpora	ition Name				L DY DE STATE		
EQUIT	Y INVESTMENT ANALYS	STS INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Pl	ace of Business	Mailing Addre	SS				
'2700 W SUNRISE BLVD' FT LAUDERDALE FL 33311-		· 2 <del>708 W SUNRISE BLVD</del> FT <del>LAUDERDALE FL 33311</del>					
lf above a	and the second in the second is a second in the second in	accept in accept in	formation and onton		1203UBR		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified			
LAA NIW AA WALL III		11030	11020 Pembroke Road		To Do Business in Florida 12/18/2001		
Suite, Apt. #, etc. Suite		Suite, Apr. #,	uite, Apt. #, etc. PMB # 104		5. FEI Number Applied For		
City & State Ft. Landerdale, FL City & State			Miramar, Florida		30 - 0022551 Not Applicable		
Zip 33311 Country Zip 33025			Countr	· · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF STATUS DESIRED S8.75 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			reet Address of Each ficer and/or Director			
D	VANLEESTEN, HENDRIK M. K IV	2708 W SUNRISE BLVD			FT LAUDERDALE FL 33311		
					700014090707 		
	C. Name and Address of Courses	Danistanad Aug	•	1.	9. Name and Address of blew Registered Agent		
8. Name and Address of Current Registered Agent Name			Name	9. Name and Adules of Day Registred Agent			
VANLE	ESTEN, HENDRIK M. K IV			Stract Address (F	P.O. Box Number is No Adjepta No		
2708 V	v sunrise blvd			Sileet Address (F	P.O. Box (valider is find systematic)		
FT LAUDERDALE FL 33311 Suite, Apt. #, E			Suite, Apt. #, Etc	~ /			
				City	State Zip Code		
10. I, being	g appointed the registered agent of the abo	ve named corpo	ration, am familiar w	rith and accept the ol	obligations of Section 607.0505, F.S. or 617.0505, F.S.		
Signature o Registered	Agent 1000000000000000000000000000000000000	TWREL GISTERED AGI	ENT MUST SIGN	WRED	Date 2/28/03		
	that I am an officer or director or the receiv	ver or trustee em	powered to execute		provided for in chapter 607 or 617, F.S. I further certify that when filing		

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:



Not

Equity Investment Analysts 622 N.W. 22<sup>nd</sup> Road Fort Lauderdale, Florida 33311 einvestment\_analysts@hotmail.com (754) 246-8546 phone (954) 442-8982 fax

Februart 28, 2003

To: Division of Corporations

Re: Annual Report/Reinstatement

I am requesting the reinstatement of Equity Investment Analysts Corporate status effective immediately. Equity Investment Analysts did not receive the Uniform Business Annual Report for 2002. I spoke with a state representative and I have been instructed to enclose a check for \$308.75 for the reinstatement of my firm Equity Investment Analysts Inc. which includes the fees for my certificate of status. Thank you very much for your help.

Hendrik M. K. Van Leesten

EIA President