PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006871

1. Corporation Name

EVAN'S COLLECTIONS, INC.

Principal Place of Business	Mailing Address
19333 COLLINS AVE., STE. 610 SUNNY ISLES FL 33160	19333 COLLINS AVE., STE. 610 SUNNY ISLES FL 33160

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/22/2002

5. FEI Number: 74-3027136 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARIBU, SUZETTE	19333 COLLINS AVE., STE. 610	SUNNY ISLES FL 33160
D	OSBAND, CARMEN	19333 COLLINS AVE., STE. 610	SUNNY ISLES FL 33160
	REINSTATEMENT 03-04		500028399475 02/09/04--01012--012 **750.00
			500028399475 09/23/04--01055--004 **150.00

8. Name and Address of Current Registered Agent

ARIBU, SUZETTE
19333 COLLINS AVE., STE. 610
SUNNY ISLES FL 33160

9. Name and Address of New Registered Agent

Name: SUZETTE ARIBU
Street Address (P.O. Box Number is Not Acceptable): 19333 Collins Ave #610
Suite, Apt. #, Etc.:
City: Sunny Isles | State: FL | Zip Code: 33160

CR2E040 (7/03)

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: Suzette Arib — REGISTERED AGENT MUST SIGN — Date: 1-26-04

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: Suzette Arib SUZETTE ARIBU 1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305 867 7016