

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000030502

1. Corporation Name

Evolutiontek Inc

2. Principal Office Address

7800 S. Colony Circle

Suite, Apt. #, etc.

104

City & State

TAMARAC, FL

Zip

33321

Country

US

3. Mailing Office Address

7813 W Sunrise Blvd

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

US

REINSTATEMENT 2003

700023620137

10/07/03--01056--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

March 13 2002

5. FEI Number

043622630

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Reyes

Street Address (P.O. Box Number is Not Acceptable)

7800 S Colony Circle

Suite, Apt. #, Etc.

Suite 104

City

TAMARAC

State

FL

Zip Code

33321

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

Carlos Reyes

Date 9/30/2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	<u>Carlos Reyes</u>	<u>7800 S. Colony Circle 104</u>	<u>TAMARAC / FL / 33321</u>
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D	<u>Carlos Reyes</u>	<u>7800 S. Colony Circle 104</u>	<u>TAMARAC / FL / 33321</u>
M			

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 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:

Carlos Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2003

Date

9544624661

Daytime Phone #

CR2001 (10/02)