

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Mar 25, 2004 8:00 A.M.
Secretary of State
DOCUMENT # P02000035134

1. Corporation Name

Evadai Investments

2. Principal Office Address

5900 SW 73rd

Suite, Apt. #, etc.

207

City & State

miami FL

Zip

33143

Country

U.S.A

3. Mailing Office Address

5900 SW 73rd street

Suite, Apt. #, etc.

207

City & State

miami FL

Zip

33143

Country

USA

03-24-04 01014 017 \$408.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SR 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Block

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

5900 SW 73rd Street

Suite, Apt. #, Etc.

Suite 207

City

miami FL

State

FL

Zip Code

33143

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

X

REGISTERED AGENT MUST SIGN

Date 3/25/04

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
CEO/President	David Block	5900 SW 73rd St #207	miami FL 33143

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/04 (305) 8600000

Daytime Phone #