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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 30 AM 7:58

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000047772

1. Corporation Name

EVRAAM GROUP INC.

W060000Z4545

2. Principal Office Address

900 BAY DRIVE

Suite, Apt. #, etc.

615

City & State

Miami Beach

Zip

33141

Country

Dade

3. Mailing Office Address

8132 HARDING AVE

Suite, Apt. #, etc.

5

City & State

Miami Beach FL

Zip

33141

Country

U.S.A

100077384941

07/12/06--01017--010 **300.00

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

05-14-2002

5. FEI Number

02-0595489

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

CHARLES d'EVREMONT

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

8132 HARDING AVE MIAMI BEACH FL 33141

Suite, Apt. #, Etc.

5

City

Miami Beach

State

FL

Zip Code

33141

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

Charles d'Evreumont

REGISTERED AGENT MUST SIGN

Date 06/1/2006

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
President	CHARLES d'EVREMONT	8132 HARDING AVE	MIAMI BEACH
V.P.	THOMAS FARREL	MIAMI BEACH FL 33141	FL 33141
		3413 A TAMMADIA CIRCLE	
			DEERFIELD BEACH
			FL 33442

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 contained in Chapter 119, 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:

Charles d'Evreumont

CHARLES d'EVREMONT

06-01-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-297-1379

Daytime Phone #

