


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 25 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000104050			
1. Entity Name DETVISTA, INC.			
Principal Place of Business 13573 KILTIE COURT DELRAY BEACH, FL 33446 US		Mailing Address 13573 KILTIE COURT DELRAY BEACH, FL 33446 US	
2. Principal Place of Business <i>1400 Military Trail</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>203 B</i>		Suite, Apt. #, etc.	
City & State <i>Delray Beach FL</i>		City & State	
Zip <i>33484</i>	Country <i>FL</i>	Zip	Country
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent REINSTATEMENT	
Name		Name	
Street Address		Street Address	
City		City	
State		State	
Zip Code		Zip Code	
4. FEI Number <i>20-0284399</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agents.			
SIGNATURE <i>Susan P. Clark</i>		SIGNATURE <i>SUSAN P. CLARK</i>	
Signature, typed or printed name of registered agent, and title if applicable.		DATE <i>10/15/04</i>	
FILE NOW!! FEE IS \$150.00 After January 1, 2008, fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVINGER, ROBERT 5 LIBERTY LANE MILLER PLACE, NY 11764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/25/04 01088 010-450.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert Lovinger</i>		DATE: <i>10-18-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	

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