
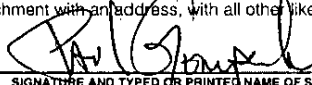


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156225 1. Entity Name EVS USA INC.						FILED 05 DEC 28 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172				Mailing Address 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-1910025				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CABANAS, JOSEPH F 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	P GEMPERLE, PAUL 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100064022821 01/19/06--01011--008 **150.00 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				12-20-05 (305) 594-2011 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

December 21, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

RE: EVS USA, INC.
Document No. P04000156225

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2005 due to the fact that they never received the Renewal Notification from your Department.

We are enclosing the form 2005 For Profit Corporation Reinstatement duly signed as well as check for \$ 150.00 to cover the 2005 filing fee and request the abatement of any penalty for this late filing.

Thank you for your attention to this matter.

Very truly yours,


Maria C. Cabanas

Attachments