


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 30 PM 2:07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000047472**

1. Corporation Name
DEVAN INC

2. Principal Office Address 4105 FAIRVIEW VISTA PT		3. Mailing Office Address PO BOX 547798	
Suite, Apt. #, etc. #121		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32804	Country ORANGE	Zip 32854	Country ORANGE

000010196370
01/17/03--01074--002 *450.00**

4. Date Incorporated or Qualified To Do Business in Florida
6/7/93

5. FEI Number 59-3195365	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NINA DEVANGUARDIA

Street Address (P.O. Box Number is Not Acceptable)
4105 FAIRVIEW VISTA PT #121

Suite, Apt. #, Etc.
#121

City
ORLANDO

State FL	Zip Code 32804
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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:  Date: **12/27/02**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NINA DEVANGUARDIA	4105 FAIRVIEW VISTA PT #121	ORLANDO FL 32804

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(2)(f), 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:  **NINA DEVANGUARDIA** Date: **12/27/02** (407) 949-1298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 27, 2002

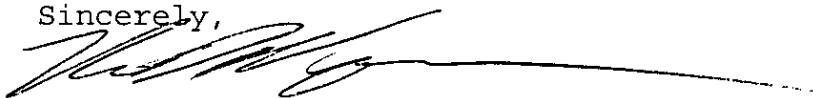
Nina Devanguardia
PO Box 547778
Orlando FL 32854

Department of State
PO Box 6327
Tallahassee FL 32314

To Whom It May Concern:

It has come to my attention as of today, that my corporation was dissolved. Per our phone conversation, I am writing to ask that you abate any penalties due to the fact that I did not receive any correspondence or notices from you since 1999. I was unaware of my dissolved status until today.

Sincerely,



Nina DeVanguardia