


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

APPROVED  
AND  
FILED

05 MAR 29 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P93000061894</b>			
1. Corporation Name <b>EVERITE INVESTMENT USA CORP</b>			
2. Principal Office Address <b>7331 NW 7 ST</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>7331 NW 7 ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>

**REINSTATEMENT 01-05**

4. Date Incorporated or Qualified To Do Business in Florida <b>08/25/1993</b>	
5. FEI Number <b>650437438</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>DATWANI, AJIT</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>7331 NW 7 ST</b>		
Suite, Apt. #, Etc.		
City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33126</b>

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

REGISTERED AGENT MUST SIGN

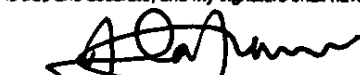
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DATWANI AJIT	7331 NW 7 ST	MIAMI FL 33126
S	DATWANI MANJU	7331 NW 7 ST	MIAMI FL 33126

400050750524  
04/14/05--01015--002 \*\*1358.75

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:



**AJIT DATWANI P 3/23/05 305-266-7677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #