APPLICATION FOR REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
97 AUG -7 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P93000088458

VIRTUALLY EVERYTHING, INC.
4515 Banyan Lane
Miami, Florida 33137

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 520 Brickell Key Drive, Suite O-305
Address:
City and State: Miami, Florida
Zip Code: 33131

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
12/29/93	65-0535722	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED XX

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/S/T/D	Brian Ostrovsky	2528 Eagle Court Run	Weston, Florida 33327
			300002251833--1 -08/08/97--01097--004 ****525.75 ****525.75
			REINSTATEMENT 96-97
			8/7/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

John S. Tenenholtz
4515 Banyan Lane
Miami, Florida 33137

8. Name and Address of New Registered Agent and/or Office

Name: John S. Tenenholtz
Street Address (Do NOT Use P.O. Box Number): 520 Brickell Key Drive, Suite O-305
Street Address (Do NOT Use P.O. Box Number):
City and State: Miami, Florida FL. Zip: 33131

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 6/13/97
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes XX No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 6/13/97 Daytime Phone # (305) 557-6613

Typed or printed name of signing officer or director _____