

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000062885**

1. Corporation Name

NEVO INTERNATIONAL CORP.

FILED
04 APR 12 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

2. Principal Office Address

20225 NE 34th AV

Suite, Apt. #, etc.

1815

City & State

AVENTURA, FLORIDA

Zip

33180

Country

USA

3. Mailing Office Address

20225 NE 34th AV.

Suite, Apt. #, etc.

1815

City & State

AVENTURA, FLORIDA

Zip

33180

Country

USA

02/03/04--01012--002 **35.00

200025877212

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/97

5. FEI Number

65-0768626

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent (**CHANGED**)

Name

MARINA NEDIC

Street Address (P.O. Box Number is Not Acceptable)

20225 N.E. 34th AV.

Suite, Apt. #, Etc.

#1815

City

AVENTURA, N. MIAMI

State

FL

Zip Code

33180

200025877212

04/21/04--01028--016 **1015.00

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

Marina Nedic

REGISTERED AGENT MUST SIGN

Date

4/7/4

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	NEDIC MARINA	20225 NE 34 th AV. #1815	AVENTURA, FL. 33180
V	VOGHNO CIANCARLO	20225 NE 34 th AV. #1815	AVENTURA, FL. 33180

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:

Marina Nedic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-4

Date

305-933-5871

Daytime Phone #

CR2E081 (10/02)