

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 14 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000058301

1. Corporation Name

Victor Ebner Enterprises, Inc.

2. Principal Office Address

545 Eighth Avenue

3. Mailing Office Address

545 Eighth Avenue

Suite, Apt., #, etc.

Suite 401

Suite, Apt., #, etc.

Suite 401

City & State

New York, NY

City & State

New York, NY

Zip

10018-4341

Country

USA

Zip

10018-4341

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 6/29/1998

5. FEI Number

650853816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

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

417 E. Virginia Street

Suite, Apt., #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT!

02/02/05--01024--003 **1058 75

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

Weimar Lopez for Capital Connection

Date 1/14/05

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/D	Christian Ebner	71 Boulevard St. Georges	1205 Geneva, Switzerland
S/D/O	Gracia Ebner	same as above	same as above
D	Jacques Bouchard	same as above	same as above
D	Roberto Barros	same as above	same as above
D	Jean Braure	same as above	same as above

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)