

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:54

DOCUMENT # P98000086362

1. Corporation Name

E-VENTURE CAPITAL MANAGEMENT INC.

Principal Place of Business

675 3RD AVENUE #2800
NEW YORK NY 10017
US

Mailing Address

675 3RD AVENUE #2800
NEW YORK NY 10017
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1281 Gulf of Mexico Dr. #1008

Suite, Apt. #, etc.

Longboat Key, FL

City & State

34224 USA

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1998

5. FEI Number

13-4026976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GALLUCCHIO, VINCENT	675 3RD AVENUE #2800	NEW YORK NY 10017
T	Ginsberg, Daniel	675 3 rd Ave #2800	New York, NY 10017

BR 11/1

700003455787--9
-11/07/00--01098--026
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Vincent Galluccio

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

1281 Gulf of Mexico Dr #1008

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34224

10. 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel J. Ginsberg - Treasurer

10/20/00

Date

Daytime Phone #