

APPLICATION FOR REINSTATEMENT



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

**FILED**

00 DEC -7 AM 10:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000079306**

1. Corporation Name

**EVOLUTIONARY DESIGNS, INC.**

Principal Place of Business

Mailing Address

14250 S.W. 62 STREET.#114  
 MIAMI FL 33183

14250 S.W. 62 STREET.#114  
 MIAMI FL 33183



**REINSTATEMENT 2000**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1999

5. FEI Number

65-0948518

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
PD	PENTZKE, ARIEL	14250 S.W. 62 STREET,#114	MIAMI FL 33183
VPD	SILVA, JORGE I	15118 S.W. 141 CT.	MIAMI FL 33186
D	WERNING, JOHN	14002 S.W. 74 TERR.	MIAMI FL 33183
			800003510748--3 -12/21/00--01077--006 ****750.00 ****750.00
			///LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENTZKE, ARIEL  
 14250 S.W. 62 STREET,#114  
 MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
 REGISTERED AGENT MUST SIGN

Date

10/30/00

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]* Ariel Pentzke  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 10/30/00 Daytime Phone # 786-213-9387