

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 23 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000088840

**1. Corporation Name**

EDO 2000, Inc.

**2. Principal Office Address**

187 SE Mizner Blvd

Suite, Apt. #, etc.

#39

City & State

Boca Raton, Florida

Zip

33432

Country

US

**3. Mailing Office Address**

187 SE Mizner Blvd

Suite, Apt. #, etc.

#39

City & State

Boca Raton, Florida

Zip

33432

Country

US

400024261264  
10/29/03--01069--024 \*\*150.00  
**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/07/1999

**5. FEI Number**

65-0958898

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  
Guy Devert

Street Address (P.O. Box Number is Not Acceptable)  
187 SE Mizner Blvd.

Suite, Apt. #, Etc.  
#39

City  
Boca Raton

State  
FL

Zip Code  
33432

**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

*Guy Devert*  
REGISTERED AGENT MUST SIGN

Date 10/19/03

**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	Guy Devert	187 SE Mizner Blvd #39	Boca Raton, FL 33432

**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:

*Guy Devert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/03  
Date

561 750 6966  
Daytime Phone #

CR2E081 (10/02)

**MOYAL ACCOUNTING SERVICE  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33027  
(954) 430-3930 PH  
(954) 430-3939 FAX**

October 2<sup>nd</sup>, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

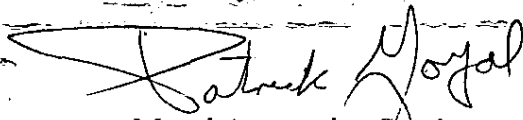
**Re: Annual Report for EDO 2000, INC.  
Document# P99000088840**

Dear Sir or Madam:

Enclosed please find a check for the annual fee for EDO 2000, INC. for 2003. Mr. Devert is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because he moved to another location.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,



Moyal Accounting Services