

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **P99000097539**

1. Corporation Name
NAVITAS CORP.

Principal Place of Business Mailing Address
 1429 S.E. 14TH ST. 1429 S.E. 14TH ST.
 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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	4. Date Incorporated or Qualified To Do Business in Florida
	1429 S.E. 14TH ST. c/o WOTZLER, KINIRER & LAUFER, P.A.	11/05/1999
Suite, Apt. #, etc. 2929 E. Commercial Blvd. #208	Suite, Apt. #, etc. 2929 E. COMMERCIAL BLVD, SUITE 208	5. FEI Number 65-0962515
City & State FT. LAUDERDALE FL	City & State FORT LAUDERDALE FL	Applied For Not Applicable
Zip 33308	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	KUTZ, UWE	1429 S.E. 14TH ST.	FT. LAUDERDALE FL 33301
D	FREY, WILLY	1429 S.E. 14TH ST.	FT. LAUDERDALE FL 33301

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 ****200.00 ****200.00
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 6/5/00 920040/017 \$550.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GOLD, TYLER A ESQ GOLD & EISENBERG, P.A. 2651 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33306	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 *Tyler Gold* Date 11-6-00
 REGISTERED AGENT MUST SIGN

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: *Willy Frey* WILLY FREY, DIRECTOR 2/11/00 212-3632084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)