

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.  
FT. LAUDERDALE FL 33301

1429 S.E. 14TH ST.  
FT. LAUDERDALE FL 33301



FILED  
00 NOV -8 PM 3:57  
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
Suite, Apt. #, etc. 2929 E. Commercial Blvd. #208	Suite, Apt. #, etc. C/O GOTTLEB, KINIRER & LAUFER, P.A. 2929 E. COMMERCIAL BLVD, SUITE 208	11/05/1999
City & State FT. LAUDERDALE FL	City & State FORT LAUDERDALE FL	5. FEI Number 65-0962515
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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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-12/08/00--01010--002  
\*\*\*\*200.00 \*\*\*\*200.00  
LS  
6/5/00 90040/017 \$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 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

*Tyler Gold*  
REGISTERED AGENT MUST SIGN

Date

11-6-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLY FREY, DIRECTOR

Date

Daytime Phone #

2/11/00 242-3632684

CR2E040 (8/00)