

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 DEC -7 AM 11:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000104530**

1. Corporation Name

**EVERGLADES ENTERPRISES USA, INC.**

Principal Place of Business

Mailing Address

~~3200 S. ANDREWS AVE., SUITE 204~~  
 FORT LAUDERDALE FL 33316

~~3200 S. ANDREWS AVE., SUITE 204~~  
 FORT LAUDERDALE FL 33316



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

2. New Principal Office Address, If Applicable

512 SE 32 Street

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

512 SE 32 Street

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1999

5. FEI Number

65-1055600

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	NIELSEN, KEN E	3200 S. ANDREWS AVE., SUITE 204	FORT LAUDERDALE FL 33316
SD	LAFFEY, SHELLY	4488 N.W. 89 WAY	CORAL SPRINGS FL 33065
TD	BRIXEN, HENRIK	139 N.W. 72 AVENUE	PLANTATION FL 33317
D	SORENSEN, POUL K	GOJLVEJ 7	9440 ABYBRO, DENMARK

500003501575-4  
 -12/14/00--01071--003  
 \*\*\*\*750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

NIELSEN, KEN E  
 3200 S. ANDREWS AVE., SUITE 204  
 FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name  
Laffey, Shelly  
 Street Address (P.O. Box Number is Not Acceptable)  
4488 Nw 89 Way  
 Suite, Apt. #, Etc.

City Coral Springs State FL Zip Code 33065

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

Shelly J Laffey  
 REGISTERED AGENT MUST SIGN

Date 12/4/00

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:

Shelly J Laffey  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00 954763-7375  
 Date Daytime Phone #

CR2ED40 (800)