

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 11 PM 12:44

DOCUMENT # **P99000111665**

1. Corporation Name
EVIEW TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
~~670 FERNANDO C. ALONSO-ESQ.~~ ~~670 FERNANDO C. ALONSO-ESQ.~~
~~1321 BRICKELL AVE.~~ ~~1321 BRICKELL AVE.~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable
1 Oakwood Boulevard
 Suite, Apt. #, etc. **Suite 225**
 City & State **Hollywood, FL**
 Zip **33020** Country **USA**

3. New Mailing Office Address, If Applicable
1 Oakwood Boulevard
 Suite, Apt. #, etc. **Suite 225**
 City & State **Hollywood, FL**
 Zip **33020** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **12/29/1999**

5. FEI Number **65-0971099** 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
P, T, S, D	Edward G. Berkhof	1 Oakwood Boulevard, Suite 225	Hollywood, FL 33020
D	Sam Winer	" "	" "
D	Ibrahim Ashemimry	" "	" "
D	David House	" "	" "
			200003510742--2 -12/21/00--01077--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent
 Name **Edward G. Berkhof**
 Street Address (P.O. Box Number is Not Acceptable) **1 Oakwood Boulevard**
 Suite, Apt. #, Etc. **Suite 225**
 City **Hollywood** State **FL** Zip Code **33020**

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 REQUIRED** Date **OCTOBER 22/2000**
 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: **SIGNATURE REQUIRED** Date **OCTOBER 22/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **(954) 920-0632**

CR2E040 (8/00)