

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

~~G/O FERNANDO C. ALONSO-ESQ.~~
~~1221 BRICKELL AVE.~~
~~MIAMI FL 33131~~

~~G/O FERNANDO C. ALONSO-ESQ.~~
~~1221 BRICKELL AVE~~
~~MIAMI FL 33131~~



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable
1 Oakwood Boulevard
Suite, Apt. #, etc. Suite 225

3. New Mailing Office Address, If Applicable
1 Oakwood Boulevard
Suite, Apt. #, etc. Suite 225

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip 33020 Country USA

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 -12/21/700--01077--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

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

REGISTERED AGENT MUST SIGN

Date OCTOBER 22/2000

CR2E040 (8/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 22/2000
Date

Daytime Phone #

(954) 920-0632