

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111665

1. Corporation Name
EVIEW TECHNOLOGIES, INC.

5720 NW 46th Drive

2. Principal Office Address
5720 NW 46th Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State

Zip Country
33067 BROWARD

Zip Country

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

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name
GREGG NICHOLLS

Street Address (P.O. Box Number is Not Acceptable)
5720 NW 46TH DRIVE

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State Zip Code
FL 33067

100040223971
08/16/04 01079 016 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8/12/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ED BERKHOF	5428 NW 48TH STREET	COCONUT CREEK, FL 33073
D	GREGG NICHOLLS	5720 NW 46TH DRIVE	CORAL SPRINGS, FL 33067

10. 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:

Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04

Date

954-757-9569

Daytime Phone #

CR2E081 (01/04)