PI FASE F	READ ALL INS	TRUCTIONS BEFOR	E COMPLET	ING THIS FORM.		
APPLICATION FOR		A DEPARTMENT OF ST Katherine Harris Secretary of State				
		DIVISION OF CORPORATIONS		F. 1	D	
DOCUMENT # S 6 7 8 0 2  1. Corporation Name				99 OCT 20 PM 2: 02		
COTHY EVE	145 140	- 97-99A	n	SECRETAR / OF TALLAHASSEE, F	STATE Lorida	
Principal Place of Business	ress					
20423 6+ RD	SAME					
#325 BOCA BOTON If above addresses are incorrect in any w	FLA 33450 ay, line through incorrect	Information and enter correction bel	ow.			
2. New Principal Office Address, If Applica		3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	City & State	City & State		3086388	Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATI		Additional Fee required 7 Certificate of Status	
7. Names and Street Addresses of Each		orida nonprofit corporations must lis Street Address of				
Title(s) Name of C and/or Di		Officer and/or D 3 (Do NOT Use Post Office	rector	City / State /	/ Zip	
PRES COTHY E	V B M S	20930-113		8000 R040 FLA. 334	28	
				0000030271001 -10/27/9901073016 *****465.00 *****465.00		
		\$ 110				
			· · · · · · · · · · · · · · · · · · ·			
			:			
8. Name and Address of Current Registered Agent 9. Name and Name				Address of New Registered Age		
Street Address (P 2093 C			30-VIA	アトフ EV A VS P.O. Box Number is Not Acceptable) ア・V A A ンカレビの		
		Suite, Apl.	# /	State 2	tip Code	
10. I, being appointed the registered ager	of the above named corp	poration, am familiar with and accep	the obligations of Sect			
Signature of Registered Agent Abell Engan Date 10/14/99 REGISTERED AGENT MUST SIGN						
11. This corporation ow Intangible Personal			∕es □ No ☑	(See other side to on intangible		
12. I certify that I am an officer or director this reinstatement application, the reas owed by the corporation have been pe on this application is true and accurate	on for dissolution has bee id and the names of indivi	n eliminated, the corporate name sa duats listed on this form do not qua	tisfies the requirements ify for an exemption un	of section 607.0401 or 617.0401,	, F.S., that all tees	
SIGNATURE: SIGNATURE AND TY	gey OR PRINTED NAME OF	SIGNING OFFICER OF DIRECTOR	EVANS 1	0/14/99 48 Date Daylin	27 ~ 27 ~ \$ 7.30 The Phone #	

cathy evans, inc.

Residential Interiors

2-10/14/99

CEMTLEMEN,

EMCLOSED FIND CHECK IN AMOUNT

OF & HGS (FOUR HUMBRODD SIXTY FINE)

AS REGULATED FOR REINSTATMENT OF

FLA CORP. to BRING CORP ACTIVE + CURRENT

WE NEVER RECEIVED ANAUAL REPORT FOR YEAR 1997-THOW 1995. WE WOULD DEPORTECIATE YOU ARATIMG AM PENILTY OCCURED BECAUSE OF THE ABOVE

> Sincerely Country Cvans