

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Catherine E. Hanft
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 MAY -4 PM 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V 56761
 1. Corporation Name **EVAS INTERNATIONAL CORP.**

Principal Place of Business Mailing Address
**FORMERLY: 1445 E. NEW YORK AVE
 DELAND, FL. 32724**

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

2. New Principal Office Address, If Applicable 2860 FIRE HOUSE ROAD Suite, Apt. #, etc. SUITES 7, 8, 9, 10, & 11 City & State DELAND, FLORIDA Zip 32720 Country VOLUSIA	3. New Mailing Office Address, If Applicable P.O. BOX 64 Suite, Apt. #, etc. City & State DELAND, FLORIDA Zip 32721-0064 Country VOLUSIA	4. Date Incorporated or Qualified To Do Business in Florida AUG. 6, 1992	5. FEI Number 59-3141745 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	ELLEN E. MORELLI	704 FALLING LEAF COURT	DELAND, FL. 32724

400002868014--4
 05/07/99-01128-000
 ***300.00 ***300.00
 NOT FOR SURE

8. Name and Address of Current Registered Agent ELLEN E. MORELLI, PRESIDENT 1445 E. NEW YORK AVE. DELAND, FL. 32724	9. Name and Address of New Registered Agent Name ELLEN E. MORELLI Street Address (P.O. Box Number is Not Acceptable) 704 FALLING LEAF COURT Suite, Apt. #, Etc. City DELAND State FL Zip Code 32724
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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 *Ellen E. Morelli* REGISTERED AGENT MUST SIGN Date **4/30/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Ellen E. Morelli*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLEN E. MORELLI, PRESIDENT
 Date **4/30/99** Daytime Phone # **904-738-3973**
APRIL 30, 1999 EXT. 301

CR2E001 (12/98)