

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 DEC 22 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G80613**

1. Corporation Name

**CUSTOM VIRTUAL ENVIRONMENTS INC.**

Principal Place of Business

3273-1 LAKE WORTH RD  
LAKE WORTH FL 33461

Mailing Address

3273-1 LAKE WORTH RD  
LAKE WORTH FL 33461

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3273 - C LAKE WORTH RD

City & State

LAKE WORTH FL

Zip

33461

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3273 - C LAKE WORTH RD

City & State

LAKE WORTH FL

Zip

33461

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1983

5. FEI Number

59-2345381

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVTD	KNAPP, JONATHAN R.	3904 GREEN FOREST DR	BOYNTON BCH FL
SD	KNAPP, JONATHAN R.	3904 GREEN FOREST DR	BOYNTON BEACH FL

600002382798-5  
-12/24/97-01094-002  
\*\*\*750.00 \*\*\*750.00

*Handwritten signature and date: 12-23-97*

8. Name and Address of Current Registered Agent

KNAPP, JONATHAN R.  
3273-1 LAKE WORTH RD  
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Handwritten signature of Jonathan R. Knapp*

REGISTERED AGENT MUST SIGN

Date 12/5/97

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature and date: 12/5/97 (561) 968-5056*

Date

Daytime Phone #

CPRE040 (8/97)