

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **G80613**

1. Corporation Name

CUSTOM VIRTUAL ENVIRONMENTS INC.

Principal Place of Business

Mailing Address

3273-C LAKE WORTH RD
LAKE WORTH FL 33461

3273-C LAKE WORTH RD
LAKE WORTH FL 33461

If above addresses are incorrect in any way, list through a correct information and enter correct in below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 Number)	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

8. Name and Address of Current Registered Agent

KNAPP, JONATHAN R
3273-I 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

Jonathan R Knapp
REGISTERED AGENT MUST SIGN

Date

4/26/99

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:

Jonathan R Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

Office Use Only

99 APR 28 AM 8:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 9/8-99

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

500002868115-8

05/07/99-01132-014

****908.75 ****908.75

CR2040 (9/88)