

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004437

1. Corporation Name

EVANS GROUP, INC.

2. Principal Office Address

14185 North Dallas PKWY

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

Country

75240-4311

USA

3. Mailing Office Address

P.O. Box 809014

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip

Country

75380-9014

USA

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/21/97

5. FEI Number

13-2750485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

800004540608

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

Maria Ozaeta

**Maria Ozaeta
Assistant Secretary**

Date 8-3-01

REGISTERED AGENT MUST SIGN

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
Chairman, CEO	Robert H. Blom	14185 North Dallas PKWY	Dallas, TX 75240-4311
Exec V.P.	Doug Henderson	14185 North Dallas PKWY	Dallas, TX 75240-4311
Sr Prin. Controller	Darrell Carpenter	14185 North Dallas PKWY	Dallas, TX 75240-4311
			800004540608-1 -08/17/01--01078-014 *****8.75 *****8.75

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:

[Signature]

Darrell Carpenter

7/2/01

(972) 628-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #