

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -3 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06/03/10--01031--004 **277.50

800180408268
05/05/10--01006--013 **238.75

CR2E041 (11/09)

DOCUMENT # L 07000123387

1. Limited Liability Company's Name

EVANS GROVES WMS, LLC

2. Principal Office Address - No P.O. Box #

110 EAST BROADWAY

Suite, Apt. #, etc.

STE A

City & State

OUIDDD, FL.

Zip

32765

Country

USA

3. Mailing Office Address

PO Box 620460

Suite, Apt. #, etc.

City & State

OUIDDD, FL.

Zip

32762

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES W. EVANS

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

110 EAST BROADWAY

Suite, Apt. #, Etc.

STE A

City

OUIDDD

State

FL

Zip Code

32765

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4.27.10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	CHARLES W. EVANS	110 EAST BROADWAY STE A	OUIDDD, FL. 32765
UP	DAVID H. EVANS	110 EAST BROADWAY STE A	OUIDDD, FL. 32765
VP	JOHN W. EVANS JR	110 EAST BROADWAY STE A	OUIDDD, FL. 32765
S/T	ARTHUR F. EVANS	110 EAST BROADWAY STE A	OUIDDD, FL. 32765

REINSTATEMENT 08-10

11. E-mail Address: CEVANS2434@ADL.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date 4.27.10

Daytime Phone # 407.365.9435

Typed or printed name of signing Managing Member/Manager CHARLES W. EVANS