

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

97 JUL -1 PM 1:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L44954**

1. Corporation Name  
**Evansmartin, Inc.**

Principal Place of Business Mailing Address  
**3655 Amberly Circle, #A208**  
**Naples, FL 33962**

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

**REINSTATEMENT 94-97**

*A. Alan*  
 7/1/97

4. Date Incorporated or Qualified To Do Business In Florida	01/22/90
5. FEI Number	65-0188959
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Wally Rudensky	4 John Beck Crescent	Brampton, Ontario Canada L6W 2T3
T/D	John Martin	15 Herne Hill	Islington, Ontario Canada M9A 2W9
S/D	Robert D. Evans	236 Elizabeth Grove	King's City, Ontario Canada L0G 1K0
			800002230208--9 -07/03/97--01088--006 ***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

**Pamela S. Mac'Kie**  
**Cummings & Lockwood**  
**3001 Tamiami Trail North**  
**Naples, FL 33940**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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 *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **6-19-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN W. MARTIN**

JUNE 25, 1997. (905) 453-0252  
 Date Daytime Phone #

CR2E040 (12/96)