

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036722

1. Corporation Name

Evanson Construction, Inc.

2. Principal Office Address

521 Robles Lane

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Office Address

521 Robles Lane

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

REINSTATEMENT 03

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

3/26/02

5. FEI Number

01-0653914

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

Lawrence R. Patterson, Esquire

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

3010 South 3rd Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State
FL

Zip Code
32250

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

Lawrence R. Patterson

REGISTERED AGENT MUST SIGN

Date

10/28/03

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
P.	Eric Evanson	521 Robles Lane	Ponte Vedra Beach, FL 32082
S	Marilyn Evanson	521 Robles Lane	Ponte Vedra Beach, FL 32082

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:

EJ Evanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-03

Daytime Phone #

838-9887

CR2E081 (10/02)