pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000124002

1. Corporation Name
EVANS ELECTRICAL SERVICES, INC

WOS-48268

400060693104
10/18/05--01007--013 **150.00

REINSTATEMENT CR2E081 (8/05) 04.-05

2. Principal Office Address	3. Mailing Office Address
2042 BURLINGTON AV N	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETE FL	City & State
Zip: 33713 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/03

5. FEI Number: 820079642 ☐ 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: Mitchell DWAYNE EVANS
Street Address (P.O. Box Number is Not Acceptable): 2042 BURLINGTON AV N
Suite, Apt. #, Etc.:
City: ST. PETE. State: FL Zip Code: 33713

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: Mitchell D Evans — Date: 10/12/05
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
P	Mitchell O EVANS	2042 BURLINGTON AV N	ST PETE 33713

800062325348
12/21/05--01030--001 **150.00

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: Mitchell D Evans — 813-835-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. Roberts DEC 19 2005

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EC 13001233

EVANS ELECTRICAL SERVICES
Mitchell Evans
2042 Burlington Ave. N
St. Petersburg, FL 33713
OFFICE 813-839-2800

NO.: _____

DATE: 12-14-05

CLIENT: Fl Dept of State

JOB NAME:
START DATE:
JOB LOCATION:
PHONE:

To whom it may concern

I never received my notice to file ~~reinstate~~ my corporation in the years 2004 and (2005.)
I would like to ask that the reinstatement fee of $600 to be waived.
Thank you for your consideration

Mitchell Evans
President

Additional Information Pertaining

TOTAL

$ _____
Job Cost Does Not include Tax, or Applicable Surcharge

AUTHORIZED SIGNATURE

ACCEPTANCE

CONDITIONS

Signature: _____ Date: _____

Signature: _____ Date: _____