

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 16 AM 8:17
TALLAHASSEE, FLORIDA

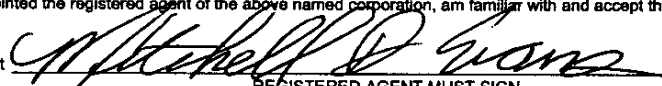
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD3000124002			
1. Corporation Name EVANS ELECTRICAL SERVICES, INC WOS-48268			
2. Principal Office Address 2042 BURLINGTON AV N Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State ST. PETE FL		City & State	
Zip 33713	Country	Zip	Country

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

REINSTATEMENT 04.-05

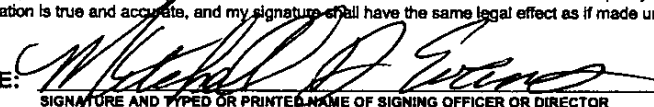
4. Date Incorporated or Qualified To Do Business in Florida 10/23/03	5. FEI Number 820079642	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status		

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 	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 D 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: 	813-839-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

EVANS ELECTRICAL SERVICES

Mitchell Evans

2042 Burlington Ave. N

St. Petersburg, FL 33713

OFFICE 813-839-2800

PS 2 of 2
EC 13001233

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
~~reinstatement~~ 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 Surcharges

AUTHORIZED SIGNATURE

ACCEPTANCE

CONDITIONS

Signature:

Date:

Signature:

Date: