

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

98 DEC 31 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L970000008

EverGreen STRATEGIC 37  
INVESTMENTS OF FLORIDA, LLC  
124A West WHETHERBINE WAY  
Tallahassee, FL 32301

1a. Principal Place of Business Address

124A West WHETHERBINE  
WAY  
Tallahassee, FL 32301

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

August 1, 1997

4. FEI Number

59-3466182

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

JAMES W. SPENCER  
124A West WHETHERBINE WAY  
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

500002738945--6

-01/13/99-01007-004

City

\*\*\*\*888.75 \*\*\*\*688.75

FL

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

JAMES W. SPENCER

REGISTERED AGENT MUST SIGN

Date

12/27/98

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

JAMES W. SPENCER	124A West WHETHERBINE WAY	Tallahassee, FL 32301
SANDRA J. SPENCER	124A West WHETHERBINE WAY	Tallahassee, FL 32301
STEVEN D. SPENCER	124A West WHETHERBINE WAY	Tallahassee, FL 32301

RECEIVED

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dec

11 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

JAMES W. SPENCER

Date

12/27/98

Daytime Phone #

(850) 877-3593

Typed or printed name of signing Managing Member/Manager

JAMES W. SPENCER