

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

413566
Evergreen Builders Corp.

FILED

99 FEB 22 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1868 Notre Dame Avenue
Port St. Lucie, Florida 34953

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

4. Date Incorporated or Qualified
To Do Business in Florida

November 28 1972

5. FEI Number

413566

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres Tres	Kenneth W. Bucek	1868 Notre Dame Avenue	Port St. Lucie, Fl. 3 34953
V. Pres Sec.	Valerie L. Bucek	1868 Notre Dame Avenue	Port St. Lucie Fl. 34953

REINSTATEMENT 98-99

ES 2/24/99

8. Name and Address of Current Registered Agent

Kenneth W Bucek
1868 Notre Dame Avenue
Port St. Lucie, Fl. 34953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

500002789365--5

-02/26/99-01113--003

****908.75 State ****908.75

FL

10. 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

Kenneth W. Bucek
REGISTERED AGENT MUST SIGN

Date 2-12-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

Kenneth W. Bucek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH W. BUCEK

2-12-99
Date

561-871-1468
Daytime Phone #