

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 16 OCT 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

EVCON SERVICES, INC.
F0900000831

2. Principal Office Address - No P.O. Box #

11585 Jones Bridge Rd.

3. Mailing Office Address

SAME

Suite, Apt #, etc

Suite 420-231

City & State

Johns Creek, GA

City & State

Zip

30022

Country

FULTON

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2009

5. FET Number

58-2427168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Add fee when completed
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELLIS, TERRELL E

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

17653 STEELFIELD RD

Suite, Apt #, etc

City

VERNON

State

FL

Zip Code

32462

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 AgentJordan Brown, Assistant Secretary
CT Corporation System

Date 10/23/2014

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LAWRENCE D. EVANS	11585 Jones Bridge Rd., 420-231	Johns Creek, GA 30022
V/D	Lynn Evans	11585 Jones Bridge Rd., 420-231	Johns Creek, GA 30022
S	Diane T. Ruple	11585 Jones Bridge Rd., 420-231	Johns Creek, GA 30022

REINSTATEMENT

OCT 24 2014

R. HUNT

10. E-mail Address: diane.ruple@evconservices.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

DIANE T. RUPLE

10/23/14

770-973-1675

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date Daytime Phone #

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

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Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
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Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
EVCON SERVICES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,358.75

OCT 24 2014

R. HUNT

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