

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 18 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 67382

1. Corporation Name

Evans Empire Construction Inc.

2. Principal Office Address

1578 Sandy Ln
Suite, Apt. #, etc.

3. Mailing Office Address

1578 Sandy Ln
Suite, Apt. #, etc.

City & State

Clearwater FL
Zip Country
33755 USA

City & State

Clearwater FL
Zip Country
33755 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-13-1989

5. FEI Number

59-3048130

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Barnell Evans

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

1578 Sandy Ln

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33755

200004077812-6
-04/25/01--01080--010
***1058.75 ***1058.75

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 Barnell Evans

Date 4/12/01

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
Pres	Barnell Evans	1578 Sandy Ln	Clearwater FL 33755
V Pres	Sandra Evans	1578 Sandy Ln	Clearwater FL 33755

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:

Sandra Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

727-441-8526

Daytime Phone #

CR2E081 (9/00)