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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L00000006539

02 DEC 17 PM 3:31

12/12/02

1. DOCUMENT # L00000006539

Name and Mailing Address

0005728 01 FP 0.352 **PRSRT T8 0 0615 34205-583401
EVERGREEN PROPERTY DEVELOPERS, LLC
1901 MANATEE AVENUE WEST, UNIT B
BRADENTON FL 34205-5834

REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address
500 N Jefferson Apt I-4

City, State, Zip
Sarasota FL 34237

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/02/2000

Principal Place of Business
1901 MANATEE AVENUE WEST, UNIT B
BRADENTON FL 34205

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1032944
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

COHENOUR, CARY
1901 MANATEE AVENUE WEST, UNIT B
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
500 N Jefferson Ave I-4

City Sarasota FL Zip Code 34237

10. 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 _____ Date 12/13/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	COHENOUR, CARY	~~1901 MANATEE AVE W.~~ 500 N Jefferson Ave I--4	~~BRADENTON FL~~ Sarasota FL 34237
MEM	GARG LLC	3606 59TH AVE W.	BRADENTON FL

700095917
12/17/02-01049-003 **150.00

REINSTATEMENT 2002

12. 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 _____ Date 12/13/02 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Cary Cohenour