

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000023625
FLORIDA DEPARTMENT OF REVENUE
Sandra E. Houd
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023625
Name and Mailing Address

0010799 01 AT 0.292 **AUTO TS 0 0615 34233-21251
EVCO, LLC
3721 COUNTRYSIDE RD
SARASOTA FL 34233-2125

REINSTATEMENT



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3721 COUNTRYSIDE RD SARASOTA FL 34231		5. Date Organized or Qualified To Do Business in Florida 09/11/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 13-4210555	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* **SIGNATURE REQUIRED** Date *11/5/03*
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
MGR	COHEN, WAYNE A	3721 COUNTRYSIDE RD	SARASOTA FL 34231
700024993107 11/24/03--01125--009 **150.00			
<i>[Signature]</i>			

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 *[Signature]* **SIGNATURE REQUIRED** Date *11/5/03* Daytime Phone #
Typed or printed name of signing Managing Member/Manager