

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:52

**DOCUMENT #** LD 3600044991

**1. Limited Liability Company's Name**

EVADAR, LLC

**2. Principal Office Address**

3608 Elk Ridge Ln

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

US

**3. Mailing Office Address**

P.O. Box 621

Suite, Apt. #, etc.

City & State

Valrico

Zip

33595

Country

US

CR2E041 (8/05)

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

11/10/2003

**6. FEI Number**

81-0638445

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** 800061451998

Name

Gregory Martin

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

3608 Elk Ridge Lane

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

**9. 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

*Gregory Martin*

Date 11/11/2005

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gregory Martin	3608 Elk Ridge Ln	Valrico, FL 33594
MGRM	Valerie Reed-Martin	3608 Elk Ridge Ln	Valrico, FL 33594

REINSTATEMENT 04605

**11. 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

*Gregory Martin*

Date 11/11/05

Daytime Phone # 813 727 3372

Typed or printed name of signing Managing Member/Manager

GREGORY MARTIN