

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 AM 10:45

DOCUMENT # L04000063305

1. Limited Liability Company's Name

EVERGREEN OF FLORIDA, L.L.C.

400061814604
12/05/05--01063--017 **150.00

CR2E041 (8/05)

2. Principal Office Address

6000 TURKEY LAKE ROAD

Suite, Apt. #, etc.

SUITES 102-105

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

3. Mailing Office Address

6000 TURKEY LAKE ROAD

Suite, Apt. #, etc.

SUITES 102-105

City & State

ORLANDO, FLORIDA

Zip

32819

Country

USA

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

12/31/2004

6. FEI Number

59-3794403

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

Name

RAYMOND W. LEE

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

6434 Cava Alta DR

Suite, Apt. #, Etc.

409

City

ORLANDO

State

FL

Zip Code

32835

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/1/05

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
MGRM	SUSAN CHANG	7014 Phillips Cove Ct.	ORLANDO, FL 32819

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

[Signature]
SUSAN CHANG

Date

12/1/05

Daytime Phone #

240 644 2303

Typed or printed name of signing Managing Member/Manager