

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 22 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000076624

1. Limited Liability Company's Name

**Evaluvest, L.L.C.**

800188786058  
12/17/10--01002--009 \*\*130.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1185 Spring Centre South Blvd.		3. Mailing Office Address 1185 Spring Center South Blvd.	
Suite, Apt. #, etc. #1160		Suite, Apt. #, etc. #1160	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714	Country USA	Zip 32714	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/3/2006	
6. FEI Number 20-3404242	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Stephen D. Pizzuti			
Street Address (P.O. Box Number is Not Acceptable) 1185 Spring Center South Boulevard			
Suite, Apt. #, Etc. #1160			
City Altamonte Springs		State FL	Zip Code 32714

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

REGISTERED AGENT MUST SIGN

Date 12/16/2010

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	Stephen D. Pizzuti	1185 Spring Centre South Blvd., #1160	Altamonte Springs, FL 32714

11. E-mail Address: Janet@YourCaringLawFirm.com

(To be used for future annual report notifications)

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 12/16/2010

Daytime Phone # 407-389-8500

Typed or printed name of signing Managing Member/Manager