

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 07000123387

1. Limited Liability Company's Name

EVANS GROVES WMS, LLC

2. Principal Office Address - No P.O. Box #

110 EAST BROADWAY

Suite, Apt. #, etc.

STE A

City & State

OUIEDO, FL.

Zip

32765

Country

USA

3. Mailing Office Address

PO Box 620460

Suite, Apt. #, etc.

City & State

OUIEDO, FL.

Zip

32762

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

CHARLES W. EVANS

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

110 EAST BROADWAY

Suite, Apt. #, Etc.

STE A

City

OUIEDO

State

FL

Zip Code

32765

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Charles W. Evans

REGISTERED AGENT MUST SIGN

Date 4.27.10

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
P	CHARLES W. EVANS	110 EAST BROADWAY STE A	OUIEDO, FL. 32765
UP	DAVID H. EVANS	110 EAST BROADWAY STE A	OUIEDO, FL. 32765
UP	JOHN W. EVANS JR	110 EAST BROADWAY STE A	OUIEDO, FL. 32765
S/T	ARTHUR F. EVANS	110 EAST BROADWAY STE A	OUIEDO, FL. 32765
	REINSTATEMENT	08-10	

11. E-mail Address: CEVANS2434@ADL.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

Charles W. Evans

Date 4.27.10

Daytime Phone # 407.365.9435

Typed or printed name of signing Managing Member/Manager CHARLES W. EVANS