

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FILED

02 JAN 11 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052934

1. Corporation Name

EVERGREEN OF BROOKSVILLE, INC.

Principal Place of Business

Mailing Address

1200 S SHOPPING CENTER PLAZA UNIT 1238
BROOKSVILLE FL 34601

1200 S SHOPPING CENTER PLAZA UNIT 1238
BROOKSVILLE FL 34601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1238 S BROAD ST

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34601

Country

USA

3. New Mailing Office Address, If Applicable

1238 S BROAD ST

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2000

5. FEI Number

593648412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Ho Long Kuo	490 N. Suncoast Blvd.	Crystal River, FL 34429
V	Zengshi Liu	1238 S. Broad St.,	Brooksville, FL 34601
M	Joseph Huang	490 N. Suncoast Blvd.	Crystal River, FL 34429

8. Name and Address of Current Registered Agent

WEILHEIMER, WINSTON

1200 S. SHOPPING CENTER PLAZA UNIT 1238

BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name

WEILHEIMER, WINSTON

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

1200 S. SHOPPING CENTER PLAZA, 1238 S BROAD

Suite, Apt. #, Etc.

Unit 1238

City

Brooksville.

State

FL

Zip Code

34601

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

X Liu, Zengshi

REGISTERED AGENT MUST SIGN

Date

01/07/2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/2002 (352) 799-8998