

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 16 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300246892153
04/17/13--01011--008 **1050.00

CR2E081 (11/10)

DOCUMENT # P00000100140

1. Corporation Name

Kenneth B. Evers, P.A.

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

424 W. Main Street

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

33873

Country

US

3. Mailing Office Address

P.O. Drawer 1308

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

33873

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

5. FEI Number

651049908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth B. Evers

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

424 W. Main Street

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth B. Evers

Date 4-12-13

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Kenneth B. Evers	424 W. Main Street	Wauchula, FL 33873

REINSTATEMENT

2012-13

S. HAWKES

APR 18 2013

EXAMINER

10. E-mail Address: office@hardeelaw.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Kenneth B. Evers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-13

Date

(863) 773-5600

Daytime Phone #