

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
*010103*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:24

DOCUMENT # P00000112916

1. Corporation Name

E.V.D. & ASSOCIATES CORPORATION

Principal Place of Business

6602 GOVERNORS DR.  
NEW PORT RICHEY FL 34655

Mailing Address

6602 GOVERNORS DR.  
NEW PORT RICHEY FL 34655

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2000

5. FEI Number

59-3682691 021212

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	EVGENIA BIKAKIS	6602 Governors, Dr.	New Port Richey Fl. 34655
Vice President			
	Damoulis BIKAKIS	6602 Governors Dr.	New Port Richey Fl. 34655

8. Name and Address of Current Registered Agent

BIKAKIS, EVGENIA  
6602 GOVERNORS DR.  
NEW PORT RICHEY FL 34655

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

CR2E040 (8/01)

10/16/01

Division of Corporations

I never recieved anything ~~and~~  
regarding to making any corrections

J. R. Kukulski