

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 13 PM 3:24

DOCUMENT # **P01000015746**

1. Corporation Name

EVELYNS MANAGEMENT CORP.

2. Principal Office Address
3600 STATE ROAD 7

3. Mailing Office Address
P.O. BOX 540504

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL.

City & State
OPA-LOCKA FL.

Zip
33023

Country
BROWARD

Zip
33054

Country
DADE

REINSTATEMENT 02-06
CORP2508 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **02/09/2001**

5. FEEL Number
65-1076747

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
EVELYN SAFFOLD

Street Address (P.O. Box Number is Not Acceptable)
2442 NW 170 ST

Suite, Apt. #, Etc.

City
OPA-LOCKA

900063611429
01/13/06--01005--005 **70.00
State **FL** Zip Code **33054**

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

Evelyn Saffold
REGISTERED AGENT MUST SIGN

Date **01/09/2006**

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
PRESIDENT	EVELYN SAFFOLD	2442 NW 170 ST	OPA-LOCKA FL. 33054
V/P	GLADYS SIMEON	1211 ALI BABA AVE	OPA-LOCKA FL. 33054
DIRECTOR	JEFFERY SAFFOLD	2442 NW 170 ST	OPA-LOCKA FL. 33054

10. 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 contained in Chapter 119, 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:

Gladys Simeon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/09/2006**

786-399-3277

Date

Daytime Phone #

242

Untitled
EVELYNS MANAGEMENT CORP.
3600 SOUTH STATE RD. 7
MIRMAR FL. 33024

1. EVELYNS MANAGEMENT CORP. IS INCLUDING THIS LETTER BECAUSE
THE CORP. NEED A CERTIFIED COPY OF ARTICLES .
2. ALSO TO INFORM THE STATE THAT THE CORP. NEVER WAS ABLE TO COMPLIED
DUE TO MAIL WAS NEVER RECIVIED

Gladys Simon 1/09/06