

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107211

1. Corporation Name

Evergreen Landscaping & Lawn Maintenance, Inc.

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

534 Indigo Loop North

Suite, Apt. #, etc.

City & State

Miramar Beach, Florida

Zip

32550

Country

USA

3. Mailing Office Address

534 Indigo Loop North

Suite, Apt. #, etc.

City & State

Miramar Beach, Florida

Zip

32550

Country

USA

200161542372
10/09/09--01029--015 **308.75

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida 11/06/2001

5. FEI Number
593754462

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

Mark A. Violette, P.A.

Street Address (P.O. Box Number is Not Acceptable)
4481 Legendary Drive

Suite, Apt. #, Etc.
200

City
Destin

State
FL

Zip Code
32541

☐ The 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 reinstatement
fee be waived.

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

M. Violette

Date October 7, 2009

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
DP	Christopher Kelleher	534 Indigo Loop North	Miramar Beach, Florida 32550
TS	Lori Kelleher	534 Indigo Loop North	Miramar Beach, Florida 32550

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:

C. Kelleher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2009

Date

Daytime Phone #

10/13/09