

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Gleahda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006577

1. Corporation Name

EVERSCAPE, INC.

Principal Place of Business

Mailing Address

11800 SW 44TH STREET
DAVIE FL 33330

11800 SW 44TH STREET
DAVIE FL 33330

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

020345234

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	DI BOSCO, PAMELA MAZELLA	11800 SW 44TH STREET	DAVIE FL 33330
D	DI BOSCO, GENOVEFFA M	11800 SW 44TH STREET	DAVIE FL 33330

100024895721
11/20/03--01083--018 **750.00

8. Name and Address of Current Registered Agent

JEROME R. SCHECHTER, P.A.
315 SE 7TH STREET FIRST FLOOR
LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name Pam Mazzella Di Bosco
Street Address (P.O. Box Number is Not Acceptable)
11800 SW 44th St
Suite, Apt. #, Etc.
City DAVIE State FL Zip Code 33330

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Pamela Mazzella Di Bosco

Date

11/17/03

Daytime Phone #

CR2040 (7/03)