

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P02000019614

1. Corporation Name

EVERETT DIRDEN, INC

2. Principal Office Address

724 S. SAINT JOHNS ST

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS

3. Mailing Office Address

724 S. SAINT JOHNS ST

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS

REINSTATEMENT 63-54

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/20/2202

5. FEI Number

04-3602278

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

CHARLES E. HALL, PhD, EA, CTP

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

77 ALMERIA STREET

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32085

200834790432
04/30/04--01007--010 **900.00

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

Charles E. Hall
REGISTERED AGENT MUST SIGN

Date 4-27-04

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
PVST	DIRDEN, - EVERETT	724 S. SAINT JOHNS STREET	ST. AUGUSTINE, FL 32084

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 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:

Everett Dirden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

TR