

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN - 2012

EXAMINER

CR2E081 (11/10)

DOCUMENT # **PO2000036722**

1. Corporation Name

Evanson Construction Inc

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

521 Robles Lane

Suite, Apt. #, etc.

3. Mailing Office Address

521 Robles Lane

Suite, Apt. #, etc.

City & State

Ponte Vedra Bch, FL

City & State

Ponte Vedra Bch, FL

Zip

32082

Country

St Johns

Zip

32082

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/2002

5. FEI Number

010653914

☐ 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

Eric Evanson

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

521 Robles Lane #

Suite, Apt. #, Etc.

City

Ponte Vedra Bch

State

FL

Zip Code

32082

200219220992

01/23/12--01005--013 **1050.00

REINSTATEMENT

2010 - 2012

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

ES Evanson

Date **1-23-2012**

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
Pres	Eric Evanson	521 Robles Lane	Ponte Vedra, FL 32082
Vice	Lucas Evanson	211 Arpicka Ave #8	St. Augustine FL 32080

10. E-mail Address: **CrucEvanson@Bellsouth.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

ES Evanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2012

Date

839-9887

Daytime Phone #

SH