

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -5 AM 6:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084204

1. Corporation Name

EVERGREENE CENTRE, INC.

300110992739
10/19/07--01007--003 **750.00

2. Principal Office Address - No P.O. Box #
8983 Okeechobee Blvd.

3. Mailing Office Address
8983 Okeechobee Blvd.

Suite, Apt. #, etc.
Suite 202-304

Suite, Apt. #, etc.
Suite 202-304

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

Zip
33411

Country

Zip
33411

Country

REINSTATEMENT CR2E001 (4/07) 13 07

4. Date Incorporated or Qualified
To Do Business in Florida 08/05/2002

5. FEI Number 04-3706351

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
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

☒ 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.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent By:

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 10-4-07

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
PSTD	Whatley, Joanne T.	8983 Okeechobee Blvd, Suite 202-304	West Palm Beach, Florida 33411

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 taxes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15. Received OCT 5 2007