

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000089802**

1. Corporation Name

Evergrace, Inc.

2. Principal Office Address

38050 SW 207 AVE

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

USA

3. Mailing Office Address

15900 SW 283 ST

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

USA

REINSTATEMENT 03-05

WOP

4. Date incorporated or Qualified To Do Business in Florida

08-19-2002

5. FEI Number

56-2288977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Maria T. Golburgh

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

11951 SW 123 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

10004665 851
02/16/05--01001--020 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0803 or 817.0809, F.S.

Signature of Registered Agent

[Signature]

Date

1/31/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
President	Edwin A. Guevara	15900 SW 283 ST	Homestead, FL 33033
Secretary	Maria T. Golburgh	11951 SW 123 AVE	MIAMI, FL 33186
T	Dulce M. Cordova	30111 SW 151 AVE	Homestead, FL 33033
VP	Camilo Guevara	1615 SW 89 ST	Homestead, FL 33033
D	Teresa Guevara	15900 SW 285 Terr.	Homestead, FL 33033

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 807 or 817, 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 807.0401 or 817.0401, 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(5)(c), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/31/05 786-543-3823

Daytime Phone

creation print

52082

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2003 AND 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


EDWIN A. GUEVARA
PRESIDENT