

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102177

1. Corporation Name

EVOLUTION TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

2300 WELLINGTON GREEN DR #102
WELLINGTON FL 33414

2300 WELLINGTON GREEN DR #102 10451 Southern Blvd
WELLINGTON FL 33414 Royal Palm Beach, FL 33411



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

10451 Southern Blvd.

10451 Southern Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

Zip
33411

Country
USA

Zip
33411

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

13-421723

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NICHOLS, BRYAN	2300 WELLINGTON GREEN DR #102	WELLINGTON FL 33414

800025482488
12/15/03-01010-020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLS, BRYAN
2300 WELLINGTON GREEN DR #102
WELLINGTON FL 33414

Name Bryan Nichols
Street Address (P.O. Box Number is Not Acceptable)
2796 FAWN DR.
Suite, Apt. #, Etc.

City Loxahatchee

State FL

Zip Code 33470

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

REGISTERED AGENT MUST SIGN

Date 11/20/03

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:

Bryan Nichols

11/20/03

561-204-5033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

November 20, 2003

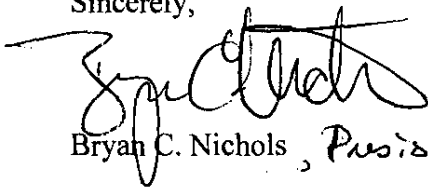
Florida Department of State
Glenda E. Hood
Secretary of State
Divisions of Corporations

Re: Application of Reinstatement

I am requesting application of reinstatement without penalty for reason I never received application prior to due date. My address changed and the postmaster did not deliver to the forwarding address. Please consider my request.

Thank you for your consideration to my request.

Sincerely,



Bryan C. Nichols, President