

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000036860

1. Corporation Name

Enevram Inc.

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

10923 Memory Lane

Suite, Apt. #, etc.

City & State

Tavares, FL

Zip

32778

Country

USA

3. Mailing Office Address

614 E. Hwy 50

Suite, Apt. #, etc.

Box 249

City & State

Clermont, FL

Zip

34711

Country

USA

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32778

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

REGISTERED AGENT MUST SIGN

Date

2/14/08

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
P	Doug Johnson	10923 Memory Lane	Tavares, FL 32778
V/T/S	Marvene Johnson	10923 Memory Lane	Tavares, FL 32778

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 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:

Douglas E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08
Date

352-516-8325
Daytime Phone #

FILED

08 FEB 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800117626738
02/08/08--01035--024 **758.75

REINSTATEMENT 04-08
K5
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

4/1/03

5. FEI Number
75-3109617

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.