

SIGNATURE:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTME Secretary of DIVISION OF CORPO				itate	E	ED 2073 - 130 PM 9: 13
DOCUMENT # ₽030001356719 1. Corporation Name						AHASSEE, FL
Evans Air of Volusia inc.						900411529243 06/30/2301024021 ++1050.00
2. Princip	oal Office Address - No P.O. Box #	Mailing Office Address	ng Office Address			06/30/2301024021 **1050.00
	T Chestnut Aue.	1555 ChesTOUT AVE.				
Suite, Apt.		Suite, Apt. #, etc.				CR2E081 (11/10)
					_	Date Incorporated or Qualified To Do Business in Florida
City & Stat		Orange City, Florida			H	5. FEI Number Applied For
U rar	Je CITY, Florida	Zip Jange CITY	Count		_	20-64-78 - 296 Not Applicable
327	. 1 . 1	32763		".S.A.		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent						
Name Charles Freeze						
Street Ad	Chaeles Evans Street Address (P.O. Box Number is Not Acceptable)					
1555 Chestnut Aue					_	
Suite, Apt. #, Etc.						
Orange City. State Zip Code FL 32763						
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 Rac Care						Date 06/26/2023
Registered Agent REGISTERED AGENT MUST SIGN						OateO/AO(AOA)
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			reet Address of Ea		City / State / Zip
P5	Charles Evans	1555	Ches	TOUT AVE	۰,	Orange City, Fl. 32763
UPT	Beverly Evans	1555	-CV	iesī nuī	: A (1 9
	· <u>-</u>					
		Sept.				3
	- REINSTATEMENT RHU					TMI
	0013				30	0/23
10. E-mail Address: CVansair 64@ gmail. Com						
(f) 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR