

ED

DEPT. OF STATE
TAMMASEE, FL

300411529243
06/30/23--01024--021 **1050.00

05/30/23--01024--021 **1050.00

3. Mailing Office Address

1555 Chestnut Ave.

Suite, Apt. #, etc.

City & State

Orange City, Florida

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2F081 (11/10)

Charles Evans

1555 Chestnut Ave

Suite, Apt. #, Etc.

Orange City.

State

FL

Zip Code

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
Registered Agent

Chal En

Date 06/26/2023

REGISTERED AGENT MUST SIGN

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
PS	Charles Evans	1555 Chestnut Ave.	Orange City, Fl. 32763
VPT	Beverly Evans	1555 Chestnut Ave.	Orange City, Fl. 32763
		R. HUNT	
		06/30/23	

10. E-mail Address: EVANSAIR64@gmail.com

Do not 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.

SIGNATURE:

Signature: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____