

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 27 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

300181436903
05/27/10--01048--016 **450.00

CR2E081 (4/10)

DOCUMENT # POS000060360

1. Corporation Name

EVERYDAY IT, INC.

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

3050 PARTRIDGE DR

Suite, Apt. #, etc.

3. Mailing Office Address

3050 PARTRIDGE DR

Suite, Apt. #, etc.

City & State

PENSACOLA FLORIDA

City & State

PENSACOLA FL

Zip

32526

Country

USA

Zip

32526

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/2005

5. FEI Number

20755472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH D COLVIN

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

3050 PARTRIDGE DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

PROFIT CORPORATIONS ONLY

The \$600.00 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.

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 5/24/2010

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 |
|------------|-----------------------------------|--|---------------------------|
| <u>D/P</u> | <u>KEITH COLVIN</u> | <u>3050 PARTRIDGE DR</u> | <u>PENSACOLA FL 32526</u> |
| <u>D/U</u> | <u>BRIAN RICCI</u> | <u>3050 PARTRIDGE DR</u> | <u>PENSACOLA FL 32526</u> |
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25/28

10. E-mail Address: KeithdColvin@yahoo.com

(To 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., 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.

SIGNATURE:

KEITH D. COLVIN

4/24/2010 (850) 394-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #