



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

EVALUVEST INSURANCE SERVICES, INC.  
1185 SPRING CENTRE SOUTH BLVD.  
SUITE 1060  
ALTAMONTE SPRINGS, FL 32714

600262889556

SUBJECT: EVALUVEST INSURANCE SERVICES, INC.  
Ref. Number: P06000017902

Debit Memo #: 10217-I

Due to your failure to respond to our previous letter advising you of the attached returned check #1738, the 2014 annual report for EVALUVEST INSURANCE SERVICES, INC. has been cancelled and is considered not filed as of July 30, 2014.

Please note: Due to this cancellation, you will be required to re-file the annual report online at sunbiz.org.

Section 607.1421 or 607.1530, Florida Statutes, requires notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your notice if the annual report is not filed and payment is not received, your corporation will be administratively dissolved or revoked on the fourth Friday in September and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

If you have any questions concerning the returned check, please call 850-245-6887.

Sincerely,  
Garry Leonard  
Administrative Assistant  
Division of Corporations

Letter Number: 814A00016291

cc:EVALUVEST INSURANCE SERVICES, INC.  
1150 DOUGLAS AVENUE, SUITE 1090  
ALTAMONTE SPRINGS, FL 32714



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2014

EVALUVEST INSURANCE SERVICES, INC.  
1185 SPRING CENTRE SOUTH BLVD.  
SUITE 1060  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: EVALUVEST INSURANCE SERVICES, INC.  
Ref. Number: P06000017902

Debit.Memo #: 010217-I

This is to inform you that your check #1738 dated April 29, 2014 in the amount of \$150.00 submitted with the annual report for EVALUVEST INSURANCE SERVICES, INC. has been returned to us by your bank because of NON SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$165.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: This annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, you will be required to re-file the annual report online at [www.sunbiz.org](http://www.sunbiz.org). A late fee of \$400 will be imposed if filing the annual report after May 1st. Send the replacement check to:

Division of Corporations  
Attn: Garry Leonard  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely,  
Garry Leonard  
Administrative Assistant  
Division of Corporations

Letter number: 914A00012533

cc:EVALUVEST INSURANCE SERVICES, INC.  
1150 DOUGLAS AVENUE, SUITE 1090  
ALTAMONTE SPRINGS, FL 32714