PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JAN -2 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000000901

1. Corporation Name

Evergreen Fundraising, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4040 27th St SE	4040 27th St SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, FL	City & State: Ruskin, FL
Zip: 33570 Country: USA	Zip: 33570 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 01-03-2012

5. FEI Number: 46-2159671 ☐ 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: Spiegel & Utrera, PA

Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22nd St

Suite, Apt. #, Etc.: 4th floor

City: Miami State: FL Zip Code: 33145

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01/02/14--01012--011 **750.00

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: By: [signature] Vice President NATALIA UTRERA — REGISTERED AGENT MUST SIGN — Date: 12/31/13

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
PSTD	Bonnie Fagoh	4044 27th St SE	Ruskin, FL 33570
			JAN - 3 2014
			L. SELLERS
	REINSTATEMENT 2013		

10. E-mail Address: bonniefagoh@gmail.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., 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] Bonnie Fagoh — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/31/13 Date — 813-390-7606 Daytime Phone #