

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 FEB 22 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037800**

1. Corporation Name

EVANS BUILDING CORP.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1401 Dorsett Place

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1401 Dorsett Place

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1993

5. FEI Number

59-3191156

Applied For

Not Applicable

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip
33612

Country

USA

Zip
33612

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Thomas D. Evans	1401 Dorsett Place	Tampa, Florida 33612

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-02/26/99--01113--025
*****1500.00 ***1500.00**

REINSTATEMENT 94-99

B. 2/23/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Thomas D. Evans

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

1401 Dorsett Place

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas D. Evans

REGISTERED AGENT MUST SIGN

Date

1/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(g), F.S. 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:

Thomas D. Evans

Thomas D. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

(813) 935-6831

Daytime Phone