

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000031669

Entity Name: EVANS & KLAGES, INC.

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

777 SOUTH HARBOUR ISLAND BOULEVARD  
SUITE 260  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

777 SOUTH HARBOUR ISLAND BOULEVARD  
SUITE 260  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-3274474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLAGES, WALTER J  
777 SOUTH HARBOUR ISLAND BOULEVARD  
SUITE 260  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALTER J. KLAGES, PH.D.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: KLAGES, WALTER J  
Address: 777 SOUTH HARBOUR ISLAND BLVD #260  
City-St-Zip: TAMPA, FL 33602

Title: DP  
Name: EVANS-KLAGES, CLAIRE  
Address: 777 SOUTH HARBOUR ISLAND BLVD #260  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER J. KLAGES, PH.D.

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DV

10/18/2012

\_\_\_\_\_  
Date