

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99
A/R

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -9 AM 11:18

DOCUMENT # P95000039464

1. Corporation Name
E.V.M. INC.

Principal Place of Business Mailing Address
11306 N.W. 15TH CT. 11306 N.W. 15TH CT.
PEMBROKE PINES, FL. PEMBROKE PINES, FL.
33026 33026

600002771316--7
-02/10/99--01042--004
****300.00 ****300.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/17/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0647544	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D.	EDMOND KIROUAC	11306 N.W. 15 TH CT.	PEMBROKE PINES, FL 33026
V/D	VIRGINIA KIROUAC	11306 N.W. 15 TH CT.	PEMBROKE PINES, FL 33026
STD	MARINA WELER	11306 N.W. 15 TH CT.	PEMBROKE PINES, FL 33026

8. Name and Address of Current Registered Agent EDMOND KIROUAC 11306 N.W. 15 TH CT. PEMBROKE PINES, FL. 33026		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
--	--	---	--

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 *Edmond Kirouac* Date 1-20-99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(i), 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: *Edmond Kirouac* EDMOND KIROUAC 1-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9544315189

CRP2001 (12/98)



(2)

January 20, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Hampton,

We are enclosing completed
form and check for reinstatement
of E.V.M. Inc.

As I explained to you on the
phone we did not receive our
corporate annual report form last
year or this year. We were
unaware that we had not filed.

Thank you for your understanding.

Sincerely,

Edmond Kirovacs
EDMOND KIROUAC
PRESIDENT.