

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065729

1. Corporation Name

Evergreen Specialties, Inc.

2. Principal Office Address - No P.O. Box #

10130 Northlake Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 214-339

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Zip

33412

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Robert A. Sayre

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

7689 Cardinal Court

Suite, Apt. #, Etc.

West Palm BeachState
FLZip Code
33412

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

REGISTERED AGENT MUST SIGN

Date

02/02/07

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
PD	Robert A. Sayre	7689 Cardinal Court	West Palm Beach, FL 33412
VPD	Steven Friedman	24 Bermuda Lane Drive	Palm Beach Gardens, FL
SD	Irving S. Friedman	101 Banyan Isle Drive	Palm Beach Gardens, FL

10. 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 contained in Chapter 119, 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:

Robert A. Sayre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/02/07

Daytime Phone #

561-312-2128**FILED****07 FEB -8 AM 8:34**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**200089292992**
02/27/07--01006--020 **1508.75**REINSTATEMENT****65-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida**08/24/1995**

5. FSL Number

650600058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.