PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 18 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076596

1. Corporation Name

EVERGREEN CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
~~799 S.E. ABLETT LANE~~ ~~PORT ST. LUCIE FL 34984~~	~~799 S.E. ABLETT LANE~~ ~~PORT ST. LUCIE FL 34984~~

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
704 NW BUCKHENDRY WAY	P.O. 1207
Suite, Apt. #, etc.	Suite, Apt. #, etc. JENSEN BEACH, FL.
City & State STUART, FLA	City & State JENSEN BEACH, FL.
Zip 34994 Country U.S.A.	Zip 34958 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10/05/1995

5. FEI Number: 65-0611832 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DONNELLY, JOHN S	799 S.E. ABLETT LANE	PORT ST. LUCIE FL 34984
D	DONNELLY, JAMES F	799 S.E. ABLETT LANE	PORT ST. LUCIE FL 34984

300002009463--4
-11/20/96--01031--004
*****375.00 *****375.00

REINSTATEMENT 1996

A. Allen
11-18-96

8. Name and Address of Current Registered Agent

DONNELLY, JOHN S
799 S.E. ABLETT LANE
PORT ST. LUCIE FL 34984

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

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: John D. Donnelly REQUIRED — REGISTERED AGENT MUST SIGN

Date: 9/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: John D. Donnelly V.P. — 9/17/96 — 561-692-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN S. DONNELLY V.

CR2E000 (7/96)