

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000082530

1. Corporation Name

EVERSHINE INTERNATIONAL, INC.

Principal Place of Business

4801 CLEWIS AVE.  
TAMPA FL 33610

Mailing Address

PO BOX 271161  
TAMPA FL 33688  
US

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

Suite, Apt. #, etc.

(N.A.)

Suite, Apt. #, etc.

(N.A.)

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98aw

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/1995

5. FEI Number

59-3338467

Applied For

Not Applicable

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
PTS	PHILIP, GEORGE	809 RIVERBROOK CT	TAMPA FL 33603
V	MARIAKUTTY, V. PHILLIP	4921 CYPRESS TRACE DR	TAMPA FL

000002732010--0  
-01/06/99--01060--003  
\*\*\*758.00 \*\*\*758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATHEWS, V. PHILIP  
4921 CYPRESS TRACE DR  
TAMPA FL 33624

Name

(N.A.)

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

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/28/98

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)(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:

*[Signature]*

RE MARIAKUTTY V. PHILIP

Date

Daytime Phone #

12/28/98 (813) 968-1478

CR2E040 (9/98)