

2006 FOR PROFIT CORPORATION
REINSTATEMENT

Page 103

FILED

2006 OCT 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000017044

1. Entity Name
EVERGREEN FINANCIAL GROUP, INC

Principal Place of Business
16208 NE 12TH AVENUE
N MIAMI BEACH, FL 33162

Mailing Address

16208 NE 12TH AVENUE
N MIAMI BEACH, FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10042006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

65-0756948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAUTURE, LOUIS
16208 NE 12TH AVENUE
N MIAMI BEACH, FL 33162

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph Lauture, Louis Lauture, President

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME LAUTURE, LOUIS
STREET ADDRESS 16208 NE 12TH AVE
CITY-ST-ZIP MIAMI, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
500081184945
10/25/06-01032--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
500081184945
10/25/06-01032--005 **8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

310/23/06
REINSTATEMENT 06
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

Daytime Phone #

FORM DBF-F1-4
REV 1/7/03

STATE OF FLORIDA
COUNTY OF LEON

APPLICATION FOR REFUND
FORM
STATE OF FLORIDA

JULY 21, 2006

PAGE 2B

Pursuant to the provisions of Section 215.26, or Section 494 *, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: LOUIS LAUTURE

FEID: [REDACTED]

ADDRESS: 16208 NE 12TH AVE

LICENSE NUMBER(S): [REDACTED]

000 MB

N MIAMI BEACH, FL 33162-4510

AMOUNT: \$150.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this _____ day of _____

Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of above claim and submits the following information to substantiate such claim. The amount recommended: \$150.00 .

The amount requested above was originally deposited into the State Treasury, included in State Treasurer's Receipt No. _____, dated _____

ACCOUNT CODE	NAME OF ACCOUNT	DEPOSIT NUMBER	OBJECT CODE	VALIDATION NO.	DATE
4350257300243900520000020000	DEPARTMENT - RENEWAL FEES	C000430	002004	409522	08/29/05

* Statutory Authority for Collection 494
It is requested that payment be made from:

NAME OF ACCOUNT: 43502573002439005200022002000

CERTIFIED TRUE AND CORRECT this _____ day of JULY 26 2006

Department of Financial Services

Agency

Jenya Jackson

Signature of Authorized Person

Title

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE DEPARTMENT, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into the State Treasury. The Department has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

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Evergreen Financial Group, Inc.
16208 NE 12th Ave
North Miami Beach, FL 33162
Phone: (305) 948-0140
Fax: (305) 944-3458

Date: September 25, 2006

Subject: Annual Report

In about May 2006, I paid online the \$150.00 fee. Just to be sure in August, I mailed another check for \$150.00. Attached you will find a copy of a letter that was sent to me for refund of \$150.00. I signed the letter sent it back to the State Comptroller's Office and they sent me the refund check of \$150.00.

Enclosed please find a third check for \$150.00. The overpayment does not disturb me so much but because my original check was not applied properly it causes me problems and I would like to get it resolved.

I trust that my account be reviewed and updated accordingly,

Thank you,

Lotis Lauture

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