

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 98 MAR 10 PM 12:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000049464

1. Corporation Name
EVERLAST CONSTRUCTION INC.

Principal Place of Business Mailing Address
**3270 S.W. 2nd Ct
 Deerfield Beach 33442**

REINSTATEMENT 97-98
aw

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

2. New Principal Office Address, If Applicable
3270 S.W. 2nd Ct
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3270 S.W. 2nd Ct
 Suite, Apt. #, etc.

City & State
Deerfield Beach 33442

City & State
Deerfield Beach 33442

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
06-11-96

5. FEI Number
65-0684526

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
D	PIETRO BACARELLA	3270 S.W. 2 Nd Ct	Deerfield Beach 33442

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **PIETRO BACARELLA**

Street Address (P.O. Box Number is Not Acceptable)
3270 S.W. 2nd Ct

Suite, Apt. #, Etc.

City **Deerfield Beach 33442** 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 *Pietro Bacarella* Date **02/23/98**

REGISTERED AGENT MUST SIGN

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 *Pietro Bacarella* 02/23/98 954-574-0371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (1/98)