PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -6 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095594

1. Corporation Name: Eversole- Cardamone, Inc.

Principal Place of Business / Mailing Address:
3470 Adrian Ave
Largo, Fla 33774

REINSTATEMENT 98-99 AR

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

2. New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-22-96

5. FEI Number: 59-3412242 | 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)

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
1	Patricia McCann / President / DIR	3470 Adrian AVE	LARGO / Fl / 33774

-04/15/99--01007--021
****750.75 ****750.75

-04/15/99--01007--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent
Patricia McCann
3470 Adrian Ave
Largo, Fla 33774

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers 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: Patricia McCann
REGISTERED AGENT MUST SIGN
Date: 3/15/99

11. This corporation owes 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 or empowered to execute this application, prepared for in Chapter 607 or 617, F.S. Further, I certify that 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., the all fees owed by the corporation have been paid and the names of individuals listed on this form do not specify fictitious or conspiratorial purposes in violation of Section 817.155, F.S. The information contained on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Patricia McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/15/99
Daytime Phone: (727) 588-1108

COPELOR - 12/98