

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 17 PM 3:46

**DOCUMENT #** P97000037502

Corporation Name

EVERBLOOM, INC.

**2. Principal Office Address**

560 Volusia Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

Post Office Box 133

Suite, Apt. #, etc.

City & State

Pierson, Florida

City & State

Seville, Florida

Zip

32180

Country

USA

Zip

32190-0133

Country

USA

**REINSTATEMENT** 99.01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/28/97

**5. FEI Number**  
59-3467097

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Glenn D. Storch, Esquire

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

420 South Nova Road

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date 5/15/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Raymond N. Wilson	445 Cortez Avenue	DeLeon Springs, FL 32130
V/D	Albert Bennett	126 W. Spring Street	DeLeon Springs, FL 32130
S/T/D	Dawn Wilson	445 Cortez Avenue	DeLeon Springs, FL 32130
	900.00-Adm		
	61.25-Ar		
	88.75-ARsupp		AD

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Bennett

Date

5/15/01

Daytime Phone #

CR2E081 (9/00)