

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION-
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN -8 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050313

1. Corporation Name

Evergreen store Inc,

2. Principal Office Address

3901 NW Blitchton road

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip
34482

Country
USA

3. Mailing Office Address

3901 NW Blitchton road

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip
34482

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 06/1997

5. FEI Number
59-3450040

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
Bharat K Patel

Street Address (P.O. Box Number is Not Acceptable)
3901 NW Blitchton Road

Suite, Apt. #, Etc.

City
Ocala

900086166349

01/25/07--01003--016 **1203.75

State
FL

Zip Code
34482

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 1/4/07

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
PRE	Bharat K Patel	3901 NW Blitchton rd	Ocala, FL. 34482

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 contained in Chapter 119, 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

1/4/07

Date

352-622-6322

Daytime Phone #