

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 DEC 30 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000080875

1. Corporation Name

EVERGREEN MORTGAGE INC

200009640132  
12/23/02--01065--003 \*\*1050.00

2. Principal Office Address

3800 INVERRARY BLVD

Suite, Apt. #, etc.

101G

City & State

LAUDERHILL FL

Zip

33319

Country

USA

3. Mailing Office Address

3800 INVERRARY BLVD

Suite, Apt. #, etc.

101G

City & State

LAUDERHILL FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPT 18, 1997

5. FEI Number

65-0783573

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

RENEE KING

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

1194 NW 40 AVE

Suite, Apt. #, Etc.

116

City

LAUDERHILL

State  
FL

Zip Code

33313

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

*Renee King*

REGISTERED AGENT MUST SIGN

Date

12/12/02

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	RANDOLPH KING	3517-S.W. 16 CT	FT. LAUD. FL 33312

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:

*Randolph King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02

Date

954.77-4097

Daytime Phone #

CR2E081 (9/01)