

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 JAN 26 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S52247**

1. Corporation Name

EVP, INCORPORATED

Principal Place of Business

Mailing Address

649 U.S. HWY One  
Suite 3  
N. Palm Beach FL 33408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3351 Elamville St.,

Suite, Apt. #, etc.

Suite 2

City & State

Clio, Alabama

Zip

36017

Country

Country

Barbour

4. Date Incorporated or Qualified  
To Do Business in Florida

5-13-91

5. FEI Number

65-0263826

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
P/S/D	Starnes-Pelfrey, Evelyn	3351 Elamville St., Ste 2	Clio, AL 36017
D	Grogan, P. Antony	649 U.S. HWY One, Ste 3	N. Palm Beach, FL 33408
			300002754389--2 -01/26/99-01012--001 *****908.75 *****908.75
			300002754389--2 -01/26/99-01012--002 *****1.00 *****1.00

8. Name and Address of Current Registered Agent

Grogan, P. Antony  
649 U.S. HWY ONE  
Suite 3  
N. Palm Beach, FL 33408

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number 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

P. Antony Grogan  
REGISTERED AGENT MUST SIGN

Date

1-21-99

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 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

Evelyn Starnes-Pelfrey

Date

1-20-99

Daytime Phone #

397-2444

CR2E081 (12/98)