

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR -7 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100092061021  
03/12/07--01002--017 \*\*1508.75

DOCUMENT # F01000004856  
1. Corporation Name EVANS MANUFACTURING, INC.

2. Principal Office Address - No P.O. Box #  
7422 CHAPMAN AVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 5669  
Suite, Apt. #, etc.

City & State  
GARDEN GROVE, CA

City & State  
GARDEN GROVE, CA

Zip Country  
92841 USA

Zip Country  
92846-0669 USA

**REINSTATEMENT 02-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 9-17-01

5. FEI Number 3304 27106 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  
Agents and Corporations, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
773 4th Avenue North

Suite, Apt. #, Etc.  
Suite E

City State Zip Code  
Naples FL 34102

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 2/28/07  
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
C	ALAN VAUGHT	7422 CHAPMAN AVE GARDEN GROVE, CA	GARDEN GROVE, CA 92844
P	DEREK SWEEM	7422 CHAPMAN AVE	GARDEN GROVE, CA 92844

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] ALAN VAUGHT 2-27-2007 714-230-1953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*rc 3/8*