

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 MAR -4 PM 4:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087619**

1. Corporation Name

VIRGO INVESTMENTS, INC.
70 West Lucerne Circle..Apt 1615
Orlando, Florida 32801

Principal Place of Business

Mailing Address

DBA SHONEYS INN,
Leesburg, FL.

70 W. Lucerne Circle Apt 1615,
Orlando, FL 32801

REINSTATEMENT 98-99
 OO

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/23/93

5. FEI Number

59-3025098

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. Pres.	2. William H. Davies	3. 5011 Greenbriar Trail,	4. Mt. Dora, FL 32757
Secy	Reed M. Lock	1920 Sussex Drive	Mt. Dora, FL 32757
V-Pres	John C. Grubb	326 Valera Court	Winter Park, FL 32789
CEO	Curtis L. Meeks	70 W. Lucerne Circle Apt 1615	Orlando, FL, 32801

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 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Curtis L. Meeks,
70 W. Lucerne Circle,
Orlando, FL 32801

Signature of Registered Agent: *Curtis L. Meeks*
 REGISTERED AGENT MUST SIGN

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

Date 2/20/99

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:

Curtis L. Meeks CEO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CURTIS L. MEEKS

Feb. 20, 1999 Date

(407) 841-1310

CR2E081 (12/98)