

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007786

1. Corporation Name

THE VINTAGE UNDERGROUND INC.

2. Principal Office Address - No P.O. Box #

11226 2nd Ave E

3. Mailing Office Address

11226 2nd Ave E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34212

Country

US

Zip

34212

Country

US

CR2E081 (12/08)

4. Date incorporated or Qualified
To Do Business in Florida

July 29, 2005

5. FEI Number
20-3268920

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
Amanda Bridgers

Street Address (P.O. Box Number is Not Acceptable)
11226 2nd Ave E

Suite, Apt. #, Etc.

City
Bradenton

State Zip Code
FL 34212

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

Amanda Bridgers
REGISTERED AGENT MUST SIGN

Date

1/23/09

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
D	Joseph E. Bridgers II	11226 2nd Ave. East	Bradenton / FL / 34212
T	Russell Nelson	555 Haw Creek Muse Drive	Asheville / NC 28805
S	Amanda L. Bridgers	11226 2nd Ave. East	Bradenton / FL / 34212

REINSTATEMENT

RH

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02/02/09--01015--015 **183.75

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

JEB

Date

1/23/09

Daytime Phone #

941 524 6811