

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -5 PM 3:28

**DOCUMENT # 607376**

**1. Corporation Name**

Vortex Springs, Incorporated

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

1518 VORTEX SPRING LN

Suite, Apt. #, etc.

City & State

Ponce de Leon

Zip

32455

Country

Holmes

**3. Mailing Office Address**

P.O. Box 1168

Suite, Apt. #, etc.

City & State

Florida

Zip

32455

Country

Holmes

800155464868  
05/05/09--01040--013 \*\*450.00

REINSTATEMENT 07-09KS

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1-22-1979

**5. FEI Number**  
592004494

☐ 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  
Connie Taylor

Street Address (P.O. Box Number is Not Acceptable)  
59 North County Highway 10A

Suite, Apt. #, Etc.  
not applicable

City  
Defuniak Springs

State Zip Code  
FL 32433

☒ 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

*Connie Taylor*  
REGISTERED AGENT MUST SIGN

Date 4-30-09

**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
P	Denzel J. Dockery	1518 Vortex Spring Lane	Ponce de Leon, FL 32455
D	Ruth E. Dockery	1518 Vortex Spring Lane	Ponce de Leon, FL 32455
VP	Connie Taylor	59 North County Highway 10A	Defuniak Springs, FL 32433

**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:**

*Connie Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Taylor, VP

4-30-09

Date

850-892-7661

Daytime Phone #