

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 10/22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 AUG 28 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

755966

1. Corporation Name

VERANDAS CIVIC IMPROVEMENT ASSOCIATION, INC.

2. Principal Office Address

1920 Lakeside Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32803

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/20/1981

5. FEI Number

☒ 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

Vince Cloyd

Street Address (P.O. Box Number is Not Acceptable)

1920 Lakeside Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

REINSTATEMENT 93-00

300003374693-1

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**

[Handwritten Signature]

Date

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
P/D	Vince Cloyd	1920 Lakeside Drive	Orlando, FL 32803
D	John Cloyd	Rt 1 Box 84	Jasper FL 32052
D	Agnes C Cloyd	3004 Westchester Dr	FL 32803

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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-00 407-256-8434

CR2E081 (9/99)



Pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 812760 80354A

AUTHORIZATION : *Patricia Pajot*

COST LIMIT : \$ 673.75

ORDER DATE : August 28, 2000

ORDER TIME : 12:09 PM

ORDER NO. : 812760-005

CUSTOMER NO: 80354A

CUSTOMER: Ms. Debbie Fricke
Winderweeddle Haines Ward &
Suite 1500
390 North Orange Avenue
Orlando, FL 32802

DOMESTIC FILINGS

NAME: VERANDAS CIVIC IMPROVEMENT
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

RECEIVED
00 AUG 28 PM 1:41
DIVISION OF CORPORATION