

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 10 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759397

1. Corporation Name

Volusia County Estate Planning Council, Inc.

Principal Place of Business

150 Magnolia Ave.

Daytona Beach, FL 32114

Mailing Address

Attn: Janet Martinez

P.O. Box 2491

Daytona Beach, FL 32115-2491

600002637596--8
-09/11/98--01080--016
***1093.75 ***1093.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2062603

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Janet Martinez	50 Magnolia Ave	Daytona Beach, FL 32114
VP/C/D	Donna Tyus	30 N. Ridgewood Avenue	Daytona Beach, FL 32115
VP/D	Gerry Smith	120 S. Ridgewood Avenue	Daytona Beach, FL 32115
S/D	Dick Emerson	1020 Int'l Speedway Blvd.	Daytona Beach, FL 32114
T/D	Jim Woodward	1238 Ridgewood Avenue	Holly Hill, FL 32117-2722
D	Alice Clark	125 E. Indiana Ave., Suite B	DeLand, FL 32721

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Palmetto Charter Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Magnolia Avenue
Suite, Apt. #, Etc.
City
Daytona Beach
State
FL
Zip Code
32114

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

Palmetto Charter Services, Inc.

By: Janet E. Martinez

Its: Vice President

Date 9/9/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet E. Martinez

9/9/98

255-8171

Officers/Directors (continued)

D	Glenn Barber	303 N. Clyde Morris Blvd.	Daytona Beach, FL 32120-2830
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UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, FL 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES

OFFICE USE ONLY (Document #)

689506

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Volusia County Estate Planning Council Inc.

File 1st

☐ Walk In

☐ Pick Up Time

☐ Certified Copy

☐ Mail Out

☐ Certificate of Status

☐ Will Wait

☐ Certificate of Good Standing

☐ Photocopy

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

RUSH

NEW FILINGS	
<input type="checkbox"/>	Profile
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domiciliation
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

Ordered By: _____

Date: _____