

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F01000000349

1. Corporation Name

VILLAGE STATIONERS, INC.

Principal Place of Business

5365 S.W. 82ND LANE
OCALA FL 34476

Mailing Address

5365 S.W. 82ND LANE
OCALA FL 34476

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	COLEMAN, ROCHELLE	5365 S.W. 82ND LANE	OCALA FL

600008806036
11/27/02--01035--008 **\$600.00

600008806036
11/05/02--01053--007 **\$150.00

8. Name and Address of Current Registered Agent

COLEMAN, ROCHELLE
5365 S.W. 82ND LANE
OCALA FL 34476

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (802)

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. or 617.0505, F.S.

Signature of
Registered Agent

ROCHELLE A. COLEMAN
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov. 25, 2002

11. 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

ROCHELLE A. COLEMAN

Date

Oct. 31, 2002

Daytime Phone #

352-237-2755