

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2019 MAY 23 A 8:43

TALLAHASSEE, FLORIDA

JUN 12 2019

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05/23/19--01015--010 \*\*1235.0  
CR2E081 (11/10)

DOCUMENT #

F35535

1. Corporation Name

Vulcan Enterprises, Inc.

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

3210 31st Street SW

Suite, Apt #, etc

City & State

Naples, Florida

Zip

34117

Country

U.S.A.

3. Mailing Office Address

3210 31st Street SW

Suite, Apt #, etc.

City & State

Naples, Florida

Zip

34117

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/12/1981

5. FEI Number

59-2136415

Applied  
Not App

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee  
for a Certificate of

7. Name and Address of Current Registered Agent

Name

Sandford Thalheimer

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

3210 31st Street SW

Suite, Apt #, Etc

City

Naples

State

FL

Zip Code

34117

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

REGISTERED AGENT MUST SIGN

Date

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
PST	Sandford Thalheimer	3210 31st Street SW	Naples, FL 34117

10. E-mail Address: Sandythalheimer@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/2019

Date Daytime Phone