

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # *F95 000000037*

1. Corporation Name

VERIFICATION COMPANY

Principal Place of Business

Mailing Address

~~97 MURICA AISLE~~  
~~IRVINE, CA 92714~~

~~97 MURICA AISLE~~  
~~IRVINE, CA 92714~~

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

12360 66TH STREET, NORTH

VERIFICATION COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE T

P. O. BOX 14626

City & State

City & State

LARGO, FL

CLEARWATER, FL

Zip

Zip

34643

Country

PINELLAS

34629

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/95

5. FEI Number

*59 3295 FFL*

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S T	JUDITH FAGERMAN	SUITE T 12360 66TH STREET, NORTH,	LARGO, FL 34643

400002126424--3  
-03/27/97--01110--012  
\*\*\*\*923.75 \*\*\*\*923.75

REINSTATEMENT *96-97*

*A. Alan*  
*3/25/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUDITH FAGERMAN

12600 S. BELCHER RD., SUITE 106J

LARGO, FL 34643

Name

JUDITH FAGERMAN

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

12360 66TH STREET, NORTH

Suite, Apt. #, Etc.

SUITE T

City

LARGO,

State

FL

Zip Code

34643

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

JUDITH FAGERMAN

REGISTERED AGENT MUST SIGN

Date MARCH 17, 1997

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:

*Judith Fagerman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 17, 1997

Date

Daytime Phone #

JUDITH FAGERMAN

CR20040 (12/96)