

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F96000000519

**1. Corporation Name**

VFD of Pennsylvania, Inc.

**2. Principal Office Address**

4201 Spring Valley Road

Suite, Apt. #, etc.

City & State

Dallas, Texas

Zip 75244

Country US

**3. Mailing Office Address**

4201 Spring Valley Road

Suite, Apt. #, etc.

City & State

Dallas, Texas

Zip 75244

Country US

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

**5. FEI Number**

23-2818443

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

**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

*Amy Berletti*

AMY BERTELETTI

Date

5-2-01

REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

**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	W. Barger Tygart	17612 Harbord Oaks Circle	Dallas, Texas 75252
VP/T/ S/D	Lisa K. Peterson	127 Allencrest Lane	Coppell, Texas 75019

**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)(l), 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:**

*Lisa K. Peterson*

Lisa K. Peterson, Vice President

(972) 702-8735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #