

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 12 AM 8:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000004834(5)

1. Corporation Name

V-PAC, INC.

N-14743

2. Principal Office Address

17757 US Hwy 19N

Suite, Apt. #, etc.

Ste 400

City & State

Clearwater, FL

Zip

33764

Country

USA

3. Mailing Office Address

17757 US Hwy 19N #400

Suite, Apt. #, etc.

Attn: C. Barnhisel

City & State

Clearwater, FL

Zip

33764

Country

USA

REINSTATEMENT

98-10

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/96

5. FEI Number

54-6465253

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

NRAI Services, Inc

100003299301-5

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

526 E. Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Ed Hend - Asst. Secretary

REGISTERED AGENT MUST SIGN

Date *6/12/00*

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/C/D	J. George Claveau	17757 US Hwy 19N Ste 400	Clearwater, FL 33764
V	Kathleen A. Cormier	17757 US Hwy 19N Ste 400	Clearwater, FL 33764
S	Marianne Myers	17757 US Hwy 19N Ste 400	Clearwater, FL 33764

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)(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:

Kathleen A Cormier

Kathleen A Cormier 5/11/00

Date

Daytime Phone #

(927) 531-1400

KE