

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 16 AM 8:41

DOCUMENT # F99000002515

1. Corporation Name

VOSR INDUSTRIES, INC.

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address

186 Industrial Park Dr.

3. Mailing Office Address

186 Industrial Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Helen, FL

City & State

Lake Helen, FL

Zip
32744

Country
USA

Zip
32744

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1999

5. FEI Number

880402733

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
David Simmons, Esq.

Street Address (P.O. Box Number is Not Acceptable)
332 N. Magnolia Ave.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

David H. Simmons
REGISTERED AGENT MUST SIGN

Date

8/15/06

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	Jay Doyle	186 Industrial Park Dr.	Lake Helen, FL 32744
V	Robert Kling	3000 Universal Studios Plaza, Building 17, 3rd Floor	Orlando, FL 32819

600078881466
08/18/06--01033--009 **1500.00

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 contained in Chapter 119, 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

ROBERT KLING

8/15/06

Date

(407) 316-8800

Daytime Phone #