PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # J 84569

1. Corporation Name
V.G.R., Inc

100002840801--4
-04/15/99--01095--018
***1050.00 ***1050.00

Principal Place of Business / Mailing Address
5158 Ile de France DR,
Tallahassee, Fl 32308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 4-1-99

2. New Principal Office Address, If Applicable
5158 Ile de France
Suite, Apt. #, etc.
City & State
Tallahassee, FL
Zip 32308 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
7/28/87

5. F.E.I. Number
59-2842683
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
Pres	Gary M. Fitzpatrick	5158 Ile de France	Tall, Fl 32308
Sec	Robin Wesson	5158 Ile de France	Tall, Fl
Vice Pres	Valerie Fitzpatrick	"	"

8. Name and Address of Current Registered Agent
See Above
Valerie Fitzpatrick
5158 Ile De France DR
Tall, Fl 32308

9. Name and Address of New Registered Agent
Name Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State FL Zip Code

4-12-99

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 Valerie L. Fitzpatrick Date 4/12/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Valerie L. Fitzpatrick 4/12/99 850 921-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)