

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 # J84769 1. Corporation Name Vilis Investments, Inc.
--

Principal Place of Business 418 Taylor Avenue Cape Canaveral, FL 32920	Mailing Address Same
---	-------------------------

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

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country
--	--

FILED
98 APR 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida July 29, 1987
5. FEI Number 59-2876986
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Johannes Schissler	418 Taylor Avenue	Cape Canaveral, FL 32920
V/D /S	David Braun	418 Taylor Avenue	Cape Canaveral, FL 32920
T	L. George Leonard	1485 N. Atlantic Ave	Cocoa Beach, FL 32931

8. Name and Address of Current Registered Agent L. George Leonard 1485 N. Atlantic Avenue #112 Cocoa Beach, Florida 32931	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
--	--

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 L. George Leonard Date 4/22/98
REGISTERED AGENT MUST SIGN

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: L. George Leonard Date 4/22/98 Daytime Phone # 407-799-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR