

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 # **K87366**

1. Corporation Name

VINOY VILLAS II, INC.

Principal Place of Business

555 FIFTH AVENUE NE
ST. PETERSBURG FL 33701

Mailing Address

555 FIFTH AVENUE NE
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

222 2ND ST. N.

Suite, Apt. #, etc.

ST. PETERSBURG FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

222 2ND ST. N.

City & State

ST. PETERSBURG FL

Zip

33701

Country

PINELLAS

Zip

33701

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1989

5. FEI Number

59-2957198

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
DPC	GUEST, FREDERICK E., II	555 FIFTH AVE NE 222 2ND ST. N.	ST. PETERSBURG FL 33701
STP	MCLAUGHLIN, CRAIG W.	555 FIFTH AVE NE 222 2ND ST. N.	ST PETE FL 33701
EVP	MCLAUGHLIN, CRAIG W.	555 FIFTH AVE NE	ST. PETERSBURGH FL

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******758.75 ****758.75**

11/25/98

8. Name and Address of Current Registered Agent

HIGGINS, JOHN P.
1 PROGRESS PLAZA
SUITE 2300
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

One Tropicant Drive

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33705

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

REGISTERED AGENT MUST SIGN

Date **11/25/98**

11. This corporation owes or has paid 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:

REGISTERED AGENT MUST SIGN

11/25/98 (727) 821-5178

Date

Daytime Phone #

X 28

CR2040 (9/98)