

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 # L23348

1. Corporation Name

V. G. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

c/o VASILIS B. ANTZAKLIS
1981 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable
c/o VASILIS B. ANTZAKLIS

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1981 SAN MARCO BOULEVARD

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip 32207 Country DOVAL

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

October 16, 1989

5. FEI Number

65-0158735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

94-98 ad

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	VASILIS B. ANTZAKLIS	1981 SAN MARCO BOULEVARD	JACKSONVILLE, FL 32207
S/D	ANN ANTZAKLIS	1981 SAN MARCO BOULEVARD	JACKSONVILLE, FL 32207
			800002611078-5 -08/07/98--01086--028 ***1350.00 ***1350.00
			800002611078-5 -08/07/98--01086--029 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

VASILIS B. ANTZAKLIS

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

1981 SAN MARCO BOULEVARD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Vasilis B. Antzaklis

VASILIS B. ANTZAKLIS

Date

7/25/98

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:

Vasilis B. Antzaklis

VASILIS B. ANTZAKLIS

7/25/98

(904) 396-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)