

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

F I D

99 OCT 28 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31999

1. Corporation Name

VERNINVEST, INC.

Principal Place of Business

2400 LITTLE COUNTRY RD
PARRISH FL 34219
US

Mailing Address

P.O. BOX 888
TUNNANT FL 34221
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

290 Donald E. Smith Blvd.

City & State

DeBary FL

Zip

32713

Country

USA

Suite, Apt. #, etc.

290 Donald E. Smith Blvd.

City & State

DeBary, FL

Zip

32713

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1988

5. FEI Number

59-2870827

Applied **SP**

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SP**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	VERNON, WILLIAM G.	2400 LITTLE COUNTRY RD 290 Donald E. Smith Blvd.	PARRISH FL 34219 DeBary, FL 32713
VP	VERNON, JANE D.	2400 LITTLE COUNTRY RD 290 Donald E. Smith Blvd.	PARRISH FL 34219 DeBary, FL 32713

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11/02/98-01018-020

***758.75 ***758.75

8. Name and Address of Current Registered Agent

VERNON, JANE E
2400 LITTLE COUNTRY RD
PARRISH FL 34219

9. Name and Address of New Registered Agent

Name

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

390 Donald E. Smith Blvd.

Suite, Apt. #, Etc.

City
DeBaryState
FLZip Code
32713

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent

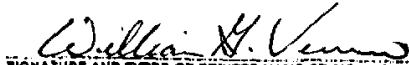
REGISTERED AGENT MUST SIGN

Date

10/28/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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 taxes 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)(b), 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

William G. Vernon

Date

10/28/99 (407) 668-9772

Daytime Phone #