

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 AM 11:53

DOCUMENT # M85829

1. Corporation Name

VGX INC.

Principal Place of Business

Mailing Address

2400 N.E. WALDO RD.
GAINESVILLE FL 32609
US

2400 NE WALDO ROAD
GAINESVILLE FL 32609
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1988

5. FEI Number

50-2896076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 (2) (b) (i) fee required
for 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 3	City / State / Zip 4
D	WHITE, NORMAN L.	RT 1 BOX 539	MICANOPY FL
CEO	SAITO, KEIZO	4-11-21 MINAMAZABU	MINATO-KU, TOKYO 106 JAPAN
DP	KOMIYA, MASAO	P.O. BOX 59, N/A	ALACHUA FL
D	RETH, THERESA	RT. 1 BOX 539	MICANOPY FL
ST	IMOTO, AKI	4-11-21 MINAMAZABU	MINATO-KU TO
DVP	JACKSON, KITHAHARA	4-11-21 MINAMAZABU	MINATO-KU TO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOMIYA, MASAO
6420 CELLON CIRCLE SOUTH
P.O. BOX 59
ALACHUA FL 32615

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

MASAO KOMIYA

REGISTERED AGENT MUST SIGN

Date

11/9/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MASAO KOMIYA

11/9/99

Date

Daytime Phone #

AD