

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 05, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **N01000006074**

1. Corporation Name

**VIETNAM VETERANS OF SOUTH FLORIDA, INC.**

Principal Place of Business

**12825 S. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957**

Mailing Address

**12825 S. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957**



**REINSTATEMENT 02**

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

2. New Principal Office Address, If Applicable

**THOMAS FLETT**

Suite, Apt. #, etc. **552 SE VOLKERTS**

City & State **PORT ST LUCIE FL**

Zip **34983** Country **ST LUCIE**

3. New Mailing Office Address, If Applicable

**THOMAS FLETT**

Suite, Apt. #, etc. **552 SE VOLKERTS**

City & State **PORT ST LUCIE FL**

Zip **34983** Country **ST LUCIE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/24/2001**

5. FEI Number

**651141949**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BURTON, THOMAS	12825 S. INDIAN RIVER DRIVE	JENSEN BEACH FL 34957
D	FLETT, THOMAS	552 SE VOLKERTS TERRACE	PORT ST. LUCIE FL 34983
D	STIRLING, MICHAEL	6406 SE CIRCLE STREET	HOBE SOUND FL 33455

**000008813830**  
**11/05/02-01101-016 \*\*175.00**

8. Name and Address of Current Registered Agent

**BURTON, THOMAS  
12825 S. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957**

9. Name and Address of New Registered Agent

Name **THOMAS FLETT**

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

**552 SE VOLKERTS TERR.**

Suite, Apt. #, Etc.

City

**PORT ST LUCIE**

State

**FL**

Zip Code

**34983**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Thomas Flett*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/29/02**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/02**

Date

**772 879 2376**

Daytime Phone #