

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000003579**

1. Corporation Name

VILLAGE READERS, INC.

Principal Place of Business

117 HUGHES AVENUE
SANFORD FL 32771

Mailing Address

117 HUGHES AVENUE
SANFORD FL 32771

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03



700023963187

10/21/03--01034--006 **70.25

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
PD	MARTIN, CLARITHA	117 HUGHES AVENUE	SANFORD FL 32771
VD	ROBINSON, SONGY	343 TAMPA STREET	TAMPA FL 32556
SD	PETERSON, SUSIN	5401 FLOWER STREET	DELAND FL 34567
TD	BAKER, TERESA	2181 20TH STREET	SANFORD FL 32771
D	SEYMORE, MARY	5405 CANTERBURY AVENUE	ORLANDO FL 32802

8. Name and Address of Current Registered Agent

MARTIN, CLARITHA
117 HUGHES AVENUE
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Claritha Martin
REGISTERED AGENT MUST SIGN

Date 10/15/03

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

Claritha Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


10/15/03

Date

Daytime Phone #

(800) 322-3821

CR2E040 (7/03)

Date: 10/16/2003
To: Florida Department of State,
Glenda Hood, Secretary of State, Division of Corporations
Cc: Mary Seymore
From: Claritha Martin 
RE: Reinstatement

Please reinstate Village Readers Inc. Corporation based upon non-receipt of mail. Village Readers Inc. did not receive any mails relating to filing an annual report/uniform business report. I am presently researching why we did not receive the mail. I have attached the reinstatement application and enclosed the filing fee of \$61.25. Please notify Village Readers Inc. of the reinstatement date and certificate. The correct mailing address is 117 Hughes Avenue, Sanford, Florida 32771. Send all correspondence to attention: Claritha Martin. Thank you.

Corporation Name: Village Readers, Inc.

Document Number: NO2000003579

CM 

Attachments: Application for Reinstatement
