

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 NOV -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000007800

1. Corporation Name

FLORIDA VIPASSANA ASSOCIATION, INC.

Principal Place of Business

2370 MERRI ANNE DRIVE
JACKSONVILLE FL 32216

Mailing Address

2370 MERRI ANNE DRIVE
JACKSONVILLE FL 32216

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

REINSTATEMENT 03



600024457516

11/05/03--01059--021 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2002

5. FEI Number

13-4241360

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Grant Ward	2370 Merri Anne Dr	JAX FL 32216
Treas.	Reg Seykora	2000 Mart Land Ave	Altamont Springs FL 32701
Sec	Daniel Dodd	760 Jefferson Ave	Miami Beach FL 33139

8. Name and Address of Current Registered Agent

WARD, GRANT
2370 MERRI ANNE DRIVE
JACKSONVILLE FL 32216

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

Grant Ward
REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

Grant Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-724-4452

10-14-03

CR2E040 (7/03)

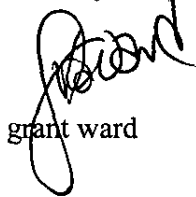
October 14, 2003

Department of State
Division of Corporations
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is filing fee to reinstate our corporation. Se did not receive the UR12 forms sent by the state and were unaware of our incompliance. We have taken precautions for future filings.

Thank you,

A handwritten signature in black ink, appearing to read "Grant Ward", is written over the printed name.

grant ward