


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 29 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 14505*
1. Corporation Name
Volusia Civil Trial Attorneys Association, Inc.
W08-38182

2. Principal Office Address - No P.O. Box # <i>213 Silver Beach Ave.</i>		3. Mailing Office Address <i>213 Silver Beach Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Daytona Beach, FL</i>		City & State <i>Daytona Beach, FL</i>	
Zip <i>32118</i>	Country <i>USA</i>	Zip <i>32118</i>	Country <i>USA</i>

KA
300134334353
08/11/08--01057--010 **490.00
REINSTATEMENT 01-08

4. Date Incorporated or Qualified To Do Business in Florida *4/10/1986*

5. FEI Number *591890070* ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
George S. Pappas

Street Address (P.O. Box Number is Not Acceptable)
213 Silver Beach Avenue

Suite, Apt. #, Etc.

City
Daytona Beach

State
FL

Zip Code
32118

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
300134334353
08/04/08--01036--012 **183.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *8/7/08*
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>George S. Pappas</i>	<i>213 Silver Beach Ave.</i>	<i>Daytona Beach, FL 32118</i>
<i>VP</i>	<i>Gerard Keating</i>	<i>318 Silver Beach Ave.</i>	<i>Daytona Beach, FL 32118</i>
<i>S</i>	<i>Scott Cichon</i>	<i>150 Magnolia Ave.</i>	<i>Daytona Beach, FL 32114</i>
<i>T</i>	<i>Steven L. Sands</i>	<i>760 White St.</i>	<i>Daytona Beach, FL 32114</i>

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George S. Pappas

8/7/08 *(386) 254-2941*
Date Daytime Phone #