

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M50218**

1. Corporation Name

THE VETTE SET CORVETTE CLUB, INC.

2. Principal Office Address

PO BOX 5322

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 5322

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1992

5. FEI Number

593137362

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

RODNEY C. PAUL

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

7986 COUNTY LINE ROAD

Suite, Apt. #, Etc.

City

MELROSE

State

FL

Zip Code

32666

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

Rodney C. Paul

Date

1-22-04

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
P/D	ROGER L. COX	932 NW 45TH TERRACE	GAINESVILLE, FL 32605
V/D	DION COLE	RT. 14, BOX 494	LAKE CITY, FL 32024
T/D	DANIEL L. HOLTON	14617 SW 79TH STREET	ARCHER, FL 32618
S/D	JUDITH SALLUSTIO	2117 SW 110TH STREET	GAINESVILLE, FL 32607
S/D	VIOLA PAUL	7986 COUNTY LINE ROAD	MELROSE, FL 32666

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 under section 119.07(3)(f), 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:

Roger L. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 22, 2004

Daytime Phone #

352-372-9044

CR2E081 (10/02)