

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N96000006539**

1. Corporation Name
VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS SOCIETY, INC.

Principal Place of Business Mailing Address
17189 JOHNSTON DR. FT. MYERS, FL. 33912
16450 S. TAMiami TR. SUITE 3 P.M.B. #105 FT. MYERS, FL. 33908

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

REINSTATEMENT

08-20-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/23/96
City & State	City & State	5. FEI Number
Zip	Country	65-0740717
		Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
D	HENSLEY, SIM	32601 OIL WELL ROAD	PUNTA GORDA FL 33955
T	KUZMA, GREGORY	1002 FLEETWOOD DRIVE	PORT CHARLOTTE FL 33948
V/D	HAIRE, BEVERLY	12207 MARAVILLA DRIVE	PUNTA GORDA FL 33955
P/D	ANDERSON, KEVIN	17189 JOHNSTON DRIVE	FORT MYERS FL 33912
D	MARSHALL, RONALD	2922 YORK ROAD	ST. JAMES CITY FL
D	RICE, DAVID	3807 PAPAVA STREET	ST. JAMES CITY FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name KEVIN T. ANDERSON
	Street Address (P.O. Box Number is Not Acceptable) 17189 JOHNSTON DRIVE
	Suite, Apt. #, Etc.
	City FORT MYERS
	State FL
	Zip Code 33912

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.

Signature of Registered Agent **Kevin T. Anderson** Date **7/20/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)

12. 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 with 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 taxes 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: **Kevin T. Anderson** 2/20/99 (941) 267-4782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (1/2/98)