

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000094914

1. Corporation Name

E. VERONICA ENTERPRISES, INC.

Principal Place of Business

7709 PEBBLE CREEK CIRCLE, #301  
NAPLES, FL 34108

Mailing Address

7709 PEBBLE CREEK CIRCLE, #301  
NAPLES FL 34108

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

10/05/2000

5. FEI Number

65-1045811

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D GRIFFIN, ELIZABETH V

7709 PEBBLE CREEK CIRCLE, #301

NAPLES FL 34108

400009021514  
11/15/02-01047-017 \*\*\*150.00

8. Name and Address of Current Registered Agent

GRIFFIN, ELIZABETH V  
7709 PEBBLE CREEK CIRCLE, #301  
NAPLES FL 34108

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

Daytime Phone #

CR2E040 (8/02)

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: E. Veronica Enterprises, Inc.  
7709 Pebble Creek Circle #301  
Naples, FL 34108  
Fed ID# 65-1045811

October 28, 2002

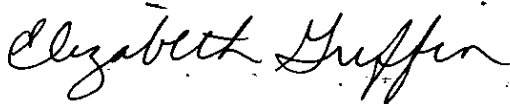
To Whom It May Concern:

I am writing in response to the administrative dissolution of E. Veronica Enterprises, Inc (see copies attached).

I have enclosed a check for \$150 to cover the required annual fee. I respectfully request that the corporate status be re-instated at the original renewal cost. I did not intentionally disregard my requirements as a corporate entity. I did not receive the original renewal form and because the corporation had just filed the first full year's tax return in July 2002, it did not occur to me that I needed to obtain this form. I have taken this opportunity to have my accountant educate me regarding the UBR requirements and will file all future reports timely.

Your consideration for 2002 renewal would be greatly appreciated. Please feel free to contact me if you have any questions or if I can provide you with any further information. Thank you for your attention to this matter.

Sincerely,



Elizabeth Griffin, President  
E. Veronica Enterprises, Inc.