

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000102486

1. Corporation Name

VIRTUAL COMPONENT ENGINEERING SERVICES, INC.

Principal Place of Business

2607 BOB WHITE CIRCLE  
NAVARRE FL 32566

Mailing Address

2607 BOB WHITE CIRCLE P.O. BOX 763  
NAVARRE FL 32566 MARY ESTHER FL  
32569-0763

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

11/01/2000

5. FEI Number

59-3682849

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
D	GIBBS, JERRY W	2607 BOB WHITE CIRCLE	NAVARRE FL 32566
D	GIBBS, BARBARA Y	2607 BOB WHITE CIRCLE	NAVARRE FL 32566
D	GRIFFITH, GARY G	555 CARLA COURT	MOUNTAINVIEW CA 94040
			900004741389--4 -12/27/01--01047--010 ***750.00 ***750.00 11/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELMICH, KEVIN M ESQ.  
4481 LEGENDARY DRIVE  
DESTIN FL 32541

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/01

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:

Barbara Gibbs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01 850  
936-5335