

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002923

1. Corporation Name

DENNIS & VICKIE ENTERPRISES, INC.

2. Principal Office Address

3190 Bayview lane

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34772

Country

USA

3. Mailing Office Address

14900 E. Orange Lake Blvd

Suite, Apt. #, etc.

PMB 396

City & State

Kissimmee, Florida

Zip

34747

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

January 9, 2002

5. FEI Number

01-0572314

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

Dennis R. Higley

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

3190 Bayview

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34772

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

Dennis R. Higley

REGISTERED AGENT MUST SIGN

Date

6/6/05

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	Dennis R. Higley	3190 Bayview lane St. Cloud, FL 34772	St. Cloud, Florida 34772
T/S/D	Vickie Lee Higley	3190 Bayview Lane	St. Cloud, Florida 34772

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

Dennis R. Higley Pres. Dennis R. Higley 6/6/05 321-443-1361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


CR2ED01 (01/05)

6/6/05

To Whom It May Concern:

Please waive my reinstatement fees due to the fact that I did not receive any annual report notices. This will never happen again. I really did not receive any! This was my first Florida Corporation and wasn't aware of this filing. I honestly thought that all was "OK" with my corporation. Thanks for your understanding and help.

Sincerely,


Dennis R. Higley