

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005892

1. Corporation Name

VINING & SONS, INC.

Principal Place of Business

Mailing Address

18349 SW 102 ST. RD.
DUNNELLON FL 34432

18349 SW 102 ST. RD.
DUNNELLON FL 34432

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

State Incorporated or Qualified
To Do Business in Florida

01/11/2002

5. FEI Number

80-0032160

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/P/C	VINING, KENNETH D	18349 SW 102 ST. RD.	DUNNELLON FL 34432
V/S	Vining, Roxanne S.	18349 SW 102 ST. Rd	Dunnellon Fl. 34432
T	Vining, Jacob D.	9920 SW Hwy 336	Dunnellon Fl. 34432

500024855355

11/19/03--01044--015 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINING, KENNETH D
18349 SW 102 ST. RD.
DUNNELLON FL 34432

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]

Date 10-30-03

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1030-03 352-465-1568

CR2ED40 (7/03)

Vining & Sons, Inc.
Air Conditioning, Heating ,Roofing
18349 SW 102nd St. Rd.
Dunnellon, Fl. 34432-4460
352-465-1568 office 352-465-0655 fax
Vining and Sons @ msn.com

Florida Dept. of State

10/30/2003

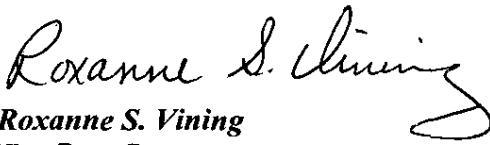
Division of Corporations

Re:Vining & Sons, Inc.
Reinstatement

To Whom it may concern,

Please reinstate our corporation and accept our check for \$150.00 and renewal fees.
We had a fire and 911 changed our address, while you have our correct address we
have been having trouble receiving our mail.

Thank you,


Roxanne S. Vining
Vice Pres-Sec.