

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 OCT 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064807

1. Corporation Name

VANESSA C. WAGENKNECHT, INC.

Principal Place of Business

7709 APPLE TREE CIRCLE
ORLANDO FL 32819

Mailing Address

7709 APPLE TREE CIRCLE
ORLANDO FL 32819

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

06/06/2002

5. FEI Number

03-0460706

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	WAGENKNECHT, VANESSA C	7709 APPLE TREE CIRCLE	ORLANDO FL 32819

700023968967
10/21/03--01058--016 **150.00

8. Name and Address of Current Registered Agent

WGENKNECHT, VANESSA
7709 APPLE TREE CIRCLE
ORLANDO FL 32819

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 10/17/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 321 287 7106

Date

Daytime Phone #

CR2E040 (7/03)

October 16, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Vanessa C. Wagenknecht, Inc.
7709 Apple Tree Circle
Orlando, Florida 32819
Document #:P02000064807

Dear Sir/Madam:

We are in receipt of our 2003 Uniform Business Report,
unfortunately this is the first time we have received it.

We apologize for not having realized sooner that we had
not received our report.

Please accept our check in the amount of \$ 150.00 for the
renewal fee with our sincerest apologies.

Sincerely,

Vanessa C. Wagenknecht
President

