

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000105117

1. Entity Name
MASON VICKERS, INC.



Principal Place of Business
270 N HICKORY
ORANGE CITY, FL 32763

Mailing Address
270 N HICKORY
ORANGE CITY, FL 32763

2. Principal Place of Business
2322 HADLEY ST.

3. Mailing Address
2322 HADLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA, FL.

City & State
DELTONA, FL.

Zip Country
32738 VOLUSIA

Zip Country
32738 VOLUSIA

07272005 REIN-P CR2E098 (6/04)

4. FEI Number
45-0524921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VICKERS, MASON
270 N HICKORY
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name

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

2322 HADLEY ST.

City DELTONA

FL

Zip Code
32738

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MASON VICKERS

8-29-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VICKERS, MASON
2322 HADLEY
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
VOELBEL, DANIEL
516 PARK AVE
ORANGE CITY, FL 32763 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASON VICKERS, PRES. 8-29-05 386-747-9505

Date

Daytime Phone #

FILED
05 OCT 20 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

