

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

DOCUMENT # P04000047625

1. Corporation Name

Vinyl Connectors INC.

2. Principal Office Address - No P.O. Box #

6191 West Thomas Circle

Suite, Apt. #, etc.

City & State

Maccleddy, Fla

Zip

Country

32063

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/01/04

5. FEI Number

522441097

☒ 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

Phillip R Tiner

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

6191 West Thomas Circle

Suite, Apt. #, Etc.

City

Maccleddy

State

FL

Zip Code

32063

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Phillip R Tiner
REGISTERED AGENT MUST SIGN

Date 02-13-08

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
D	Tobey Collums	6382 Johnnies Circle	Jacksonville, Fla 32244
D	Bruse Blanton	6382 Johnnies Circle W	Jacksonville, Fla 32244
VP	Sandra Robblee	6191 West Thomas Circle	Maccleddy, Fla 32063
Please	take all three of the above names off	these people are not working for us	any more.
VP	Christie Steven	6191 West Thomas Circle	Maccleddy, Fla 32063
	Please add new VP		

10. 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 contained in Chapter 119, 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:

Christie J Steven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

Date

904-868-4826

Daytime Phone #