

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000166348

1. Entity Name
VWP, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 27 PM 4:58

Principal Place of Business
6 FAIRFIELD BLVD STE 3
PONTE VEDRA BCH, FL 32082

Mailing Address
6 FAIRFIELD BLVD STE 3
PONTE VEDRA BCH, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 REIN-P CR2E098 (11/05)

4. FEI Number

20-2579168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F&L CORP
ONE INDEPENDENT DR STE 1300
JACKSONVILLE, FL 32202

Name

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

City

FL

Zip Code

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. F&L CORP.

SIGNATURE By: *Charles V. Hedrick*

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

Charles V. Hedrick, Authorized Signatory

(NOTE: Registered Agent signature required when reinstating)

4/26/06

DATE

FILE NOW!!! FEE IS \$900.00

800073499648
05/01/06--01054--019 **900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BUCKLEY, RONALD F
6 FAIRFIELD BLVD STE 3
PONTE VEDRA BCH, FL 32082 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

LESTER N. GARR 1802
GEN. VICE PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Day

904 280 4004

Daytime Phone #