

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000036783

1. Entity Name
VFJ & ASSOCIATES INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 4:30

Principal Place of Business
11104 BLOOMINGTON DRIVE
TAMPA, FL 33635

Mailing Address
11104 BLOOMINGTON DRIVE
TAMPA, FL 33635

2. Principal Place of Business - No P.O. Box #
15611 Howell Park Lane

3. Mailing Address
15611 Howell Park Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33625

Country

Zip
33625

Country

08042009

REIN-P

CR2E098 (1/07)

4. FEI Number
20-8744597

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JAMES
11104 BLOOMINGTON DRIVE
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name
Jackson, James

Street Address (P.O. Box Number is Not Acceptable)
15611 Howell Park Lane

City
Tampa

FL

Zip Code
33625

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 James Jackson

08/04/09

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME JACKSON, JAMES ☒ Delete
STREET ADDRESS 11104 BLOOMINGTON DRIVE
CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P ☒ Change ☐ Addition
NAME Jackson, James
STREET ADDRESS 15611 Howell Park Lane
CITY-ST-ZIP Tampa FL 33625

TITLE ☒ Change ☐ Addition
NAME 500159425635
STREET ADDRESS 08/10/09--01046--010
CITY-ST-ZIP **300.00

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

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

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

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

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: James Jackson

08/04/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #