

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:19

DOCUMENT # **P34799**

1. Corporation Name

VIRGIN LIGHTSHIPS, INC.

Principal Place of Business

Mailing Address

5728 MAJOR BOULEVARD
SUITE 314
ORLANDO FL 32819

5728 MAJOR BOULEVARD
SUITE 314
ORLANDO FL 32819



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3076627

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	DEXTER, JIM	5728 MAJOR BLVD., STE 314	ORLANDO FL
MVP	KENDRICK, MICHAEL	UNIT 19, STAFFORD PARK	TELFORD, SHROPSHIRE, ENGLAND
ST	STRIPLIN, STEPHEN <i>Tagman, Keith</i>	5728 MAJOR BLVD STE 314	ORLANDO FL
			800004685108--7 -11/16/01--01049-012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNIVELY, STEPHEN W
200 S ORANGE AVE
SUITE 3000
ORLANDO FL 32801

Name *Tagman, Keith C*
Street Address (P.O. Box Number is Not Acceptable)
5728 Major Blvd
Suite, Apt. #, Etc.
Suite 314
City *Orlando* State *FL* Zip Code *32819*

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.

Signature of
Registered Agent

Keith C Tagman

Date *10/24/01*

REGISTERED AGENT MUST SIGN

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:

Keith C Tagman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01
Date

407-363-7777
Daytime Phone #