

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 SEP 25 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **FB000005604 (2)**

1. Corporation Name

Verlie Knox, Incorporated

Principal Place of Business

Mailing Address

**3232 CR 511
 WILDWOOD, FL
 34785**

Same

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

REINSTATEMENT

94-97
 AD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1/19/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3158379

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Knox Verlie D	3232 CR 511	wildwood FL 34785

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 ***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Verlie D Knox
 3232 CR 511
 Wildwood FL
 34785**

Name **Verlie D Knox**
 Street Address (P.O. Box Number is Not Acceptable) **3232 CR 511**
 Suite, Apt. #, Etc.
 City **Wildwood** State **FL** Zip Code **34785**

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 **Verlie D Knox**
 REGISTERED AGENT MUST SIGN

Date **9/11/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: **Verlie D. Knox**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/11/97** Daytime Phone **352 344 9796**

CR2E040 (12/96)