

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
DIVISION OF CORPORATIONS

02 JAN 16 PM 4:52

DOCUMENT # **P93000020971**

1. Corporation Name

VOLKERT MEETING PLANNERS, INC.

REINSTATEMENT **00-01**

Principal Place of Business

Mailing Address

3261 CROSS CREEK DR.
SARASOTA FL 34231
US

3261 CROSS CREEK DR.
SARASOTA FL 34231
US

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

03/22/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0402207

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PS | VOLKERT, MARY ALICE | 3261 CROSS CREEK DRIVE | SARASOTA FL |
| VP | VOLKERT, CHARLES A. III | 7551 CALLE FACIL | SARASOTA FL |
| T | VOLKERT, CHARLS A. | 7551 CALLE FACIL | SARASOTA FL |
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-01/25/02--01018--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VOLKERT, CHARLES A
7551 CALLE FACIL
SARASOTA FL 34238

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **11-16-01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-01 (941) 925-3650

Date

Daytime Phone #

CR2E040 (8/00)