

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV -6 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046179**

1. Corporation Name

VINCENT DEVORE & ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

~~3878 PROSPECT AVE
SUITE 5
RIVERA BEACH FL 33404~~

~~3878 PROSPECT AVE
SUITE 5
RIVERA BEACH FL 33404~~

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

2. New Principal Office Address, If Applicable

521 SANTA CLARA TRAIL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

521 SANTA CLARA TRAIL
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1993

5. FEI Number

65-0427167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	DEVORE, ELIZABETH	521 SANTA CLARA TRAIL	WELLINGTON FL
I	TARE, JACK	5701 DOGWOOD AVE	PALM BEACH GARDENS FL 33410
D/P	DEVORE, VINCENT	521 SANTA CLARA TRAIL	WELLINGTON FL 33414

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-11/14/96--01106--025
*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

PAINE, JEFFREY A
1800 S AUSTRALIAN AVE
SUITE 205
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name **VINCENT DEVORE**
Street Address (P.O. Box Number is Not Acceptable)
521 SANTA CLARA TRAIL
Suite, Apt. #, Etc.
City **WELLINGTON** State **FL** Zip Code **33414**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-31-96**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96 (407) 798-9990
Date Daytime Phone #