


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P93000078059

1. Corporation Name

VICTORY MARIANNA, INC.

Principal Place of Business

4431 JACKSON ST.
MARIANNA FL 32447

Mailing Address

506 45TH STREET
SUITE B-5
COLUMBUS GA 31904
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

506 Manchester Exp. Suite B5
Columbus, Georgia

506 Manchester Exp. Suite B5
Columbus, Georgia

City & State

City & State

Zip

Zip

Country

Country

31904

US

31904

US

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
V.P.D.	FEIGHNER, JAMES W	506 45 ST, STE B5 Manchester Expressway	COLUMBUS GA 31904
P.Y.D.	COST, KENT	506 45 ST, STE B5 Manchester Expressway	COLUMBUS GA 31904
SD	DARBY, CATHY A Alton	506 45 ST, STE B5 Manchester Expressway	COLUMBUS GA 31904

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Wickif Goldstein

WICKIF GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date 11-16-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Kent Cost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98 (706) 327-4774

FILED

98 NOV 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1993

5. FEI Number

58-2075732

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR20040 (9/96)