

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P93000084632

1. Corporation Name

VAULT - I-295, INC.

Principal Place of Business

~~1475 ST. AUGUSTINE ROAD~~
~~JACKSONVILLE FL 32258~~

Mailing Address

~~1475 ST AUGUSTINE~~
~~JACKSONVILLE FL 32258~~
~~US~~

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

2. New Principal Office Address, If Applicable

1506 ROBERTS DR.
Suite, Apt. #, etc.
JACKSONVILLE BEACH, FL
City & State
32250 USA
Zip Country

3. New Mailing Office Address, If Applicable

1506 ROBERTS DR.
Suite, Apt. #, etc.
JACKSONVILLE BEACH, FL
City & State
32250 USA
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1993

5. FEI Number

59-3213801

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ALLEN, JOHN C.	6950 PHILIPS HIGHWAY STE 6	JACKSONVILLE FL 32216
CVSD DP	WALCHLE, BART A.	737 SPINAKERS REACH DRIVE 1506 ROBERTS DR.	PONTE VEDRA BEACH FL 32250 JACKSONVILLE BEACH FL
VPTD	MILLER, DOUGLAS C.	1475 ST AUGUSTINE RD.	JACKSONVILLE FL 32258
D	CHRISS SPERES	4856TH AVE NORTH	JACKSONVILLE BEACH, FL 32250
D	BETTY GRISSOM	4856TH AVE NORTH	JACKSONVILLE BEACH, FL 32250

8. Name and Address of Current Registered Agent

~~ALLEN, LAURAH~~
~~6950 PHILIPS HIGHWAY~~
~~STE 6~~
~~JACKSONVILLE FL 32216~~

9. Name and Address of New Registered Agent

Name
BART WALCHLE
Street Address (P.O. Box Number is Not Acceptable)
1506 ROBERTS DR.
Suite, Apt. #, Etc.

City
JACKSONVILLE BEACH
State
FL
Zip Code
32250

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]
REGISTERED AGENT MUST SIGN

Date 10-12-01

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

10-12-01 904-241-7600x1

Date Daytime Phone #

CR2E340 (8/01)