

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

01 OCT 22 AM 11:02

DOCUMENT # P94000028673

1. Corporation Name

VEACH ENTERPRISES, INC.

Principal Place of Business

34894 EMERALD COAST PKWY  
STE B  
DESTIN FL 32541  
US

Mailing Address

34894 EMERALD COAST PKWY  
STE B  
DESTIN FL 32541  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/1994

5. FEI Number

59-3267129

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	VEACH, KERRY	34894 EMERALD COAST PKWY	DESTIN FL

8. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN  
127 HWY 98 E  
#3A  
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name  
Kerry L. Veach  
Street Address (P.O. Box Number is Not Acceptable)  
317 Deersfield Dr  
Suite, Apt. #, Etc.  
City  
Destin  
State  
FL  
Zip Code  
32541

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

*Kerry L. Veach*  
REGISTERED AGENT MUST SIGN

Date

OCT 18, 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

Date

Daytime Phone #

OCT 18, 01

**Veach Enterprises, Inc.**



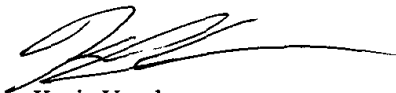
34894 Emerald Coast Pkwy ♦ Suite B ♦ Destin, FL 32541  
Phone (850) 837-1880

October 18, 2001

Division Of Corporations  
Annual Report / Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

On behalf of Veach Enterprises, I did not receive a letter of rejection based on the Uniform Business Report. I also request that any penalty fees be waived due to the non-receipt of a rejection letter. Veach Enterprises has a \$550.00 payment that was received with mentioned Uniform Business Report. I am sending a completed reinstatement application to replace filing of report.

Sincerely,



Kevin Veach