

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 # P94000046278

1. Corporation Name

VECTORWORKS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

805 MARINA RD
TITUSVILLE FL 32780
US

P.O. BOX 5825
TITUSVILLE FL 32955

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.

City & State

City & State

Zip

Country

Zip

Country

805 MARINA RD.

TITUSVILLE, FL 32780

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

06/13/1994

5. FEI Number

59-3261233

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD P.D.	GRAY, JEFFREY	4787 SISSON ROAD 4747 S. WASHINGTON AVE #136	TITUSVILLE FL 32780
VD	BORIS, MARC A REMOVED	440 BAGARDI DR.	MERRITT ISLAND FL 32953
STD	STRAND, WILLIAM J.	4725 N. COURTENAY PKWY.	MERRITT ISLAND, FL 32953
			500002721105--6 -12/23/98--01064--016 ****600.00 ****600.00
			500002721105--6 -12/23/98--01064--017 ****150.00 ****150.00
			DR 12/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, JEFFREY

~~4787 SISSON RD.~~ 4747 S. WASHINGTON AVE #136
TITUSVILLE FL 32780

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

12-2-98

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:

[Signature] RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-98
Date

407-459-9911
Daytime Phone #

CR2E040 (9/98)