

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAND
FILED

00 JAN -6 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *P94000077076*1. Corporation Name *V. D. Investment Fund, Inc.*

Principal Place of Business

Mailing Address

500003097025--0
-01/13/00--01012--009
***1208.75 ***1208.75

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

2. New Principal Office Address, If Applicable

221 E. 6th Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida*10/20/94*

Suite, Apt. #, etc.

5. FEI Number

59-3614886

Applied For

Not Applicable

City & State

Tallahassee, Florida

City & State

SAME

Zip

32303

Country

LEON

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ ~~STATE OF FLORIDA~~

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
<i>D</i>	<i>Stanley K. Davidson</i>	<i>702 S. Ride</i>	<i>Tallahassee, FL 32303</i>

500003097025--0
-01/13/00--01012--010
****150.00 ****150.00

REINSTATEMENT

96-2000 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Wm. Larry Henley

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

221 E. 6th Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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*Wm. Larry Henley*
REGISTERED AGENT MUST SIGNDate *12/21/99*11. This corporation owes 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:

Stanley K. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*1/6/00*
Date

Daytime Phone #