

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV -6 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044028

1. Corporation Name

VERO DISPERSION MACHINES, INC.

Principal Place of Business

2120 58TH AVENUE, #124
VERO BEACH FL 32966

Mailing Address

2120 58TH AVENUE, #124
VERO BEACH FL 32966



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

2. New Principal Office Address, If Applicable

4380 US 1, VERO BEACH, FL 32967
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4380 US 1, VERO BEACH, FL 32967
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1995

5. FEI Number

59-3322786

Applied For

Not Applicable

City & State

VERO BEACH, FLORIDA

City & State

VERO BEACH, FLORIDA

Zip

32967

Country

USA

Zip

32967

Country

USA

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)

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
D	ALLEN, JOHN	1950 WESTMINSTER CIRCLE, #4	VERO BEACH FL 32966

8. Name and Address of Current Registered Agent

ALLEN, JOHN
2120 58TH AVENUE, #124
VERO BEACH FL 32966

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 11.03.97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.03.97

Date

561 978 0265

Daytime Phone #

CR2ED40 (8/97)