

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 23 AM 11: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000063035 (6)

1. Corporation Name

VONNECO ENTERPRISES INC

2. Principal Office Address

4220 Lyman Hendry Rd
Suite, Apt. #, etc.

3. Mailing Office Address

4220 Lyman Hendry Rd
Suite, Apt. #, etc.

REINSTATEMENT 20000

4. Date Incorporated or Qualified To Do Business in Florida

8/14/1995

5. FEI Number

57-3329537

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

PERRY FL

City & State

PERRY FL

Zip

32347

Country

USA

Zip

32347

Country

USA

7. Name and Address of Current Registered Agent

Name

MARIA DORMAN

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

1809 Hwy 19 S.

Suite, Apt. #, Etc.

City

PERRY

State
FL

Zip Code

32347

000003631220--5

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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Maria Dorman
REGISTERED AGENT MUST SIGN

Date 1-20-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>DORMAN EDDIE C</u>	<u>4220 Lyman Hendry Rd Perry FL 32347</u>	
<u>sec/treas</u>	<u>DORMAN YVONNE G</u>	<u>" " " "</u>	

10. 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:

Eddie C Dorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01
Date

850 584 4870
Daytime Phone #

KE

CR2E081 (9/99)