

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** 2800-0

**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

**Zip**

32347

**Country**

USA

**City & State**

PERRY FL

**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

**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
Pres.	DORMAN EDDIE C	4220 Lyman Hendry Rd Perry FL 32347	
Sec/Treas.	DORMAN YVONNE G	" " " "	

**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.**

**KE**

**SIGNATURE:**

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

01/11/01  
Date

850 584 4870  
Daytime Phone #