

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 12:42

DOCUMENT # P95000082345

1. Corporation Name

V. W. OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

4347 SUNSET BEACH BLVD.
NICEVILLE FL 32578
US

4347 SUNSET BEACH BLVD.
NICEVILLE FL 32578
US



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

106 Bayshore Dr

Suite, Apt. #, etc.

Niceville FL

City & State

3. New Mailing Office Address, If Applicable

106 Bayshore Dr

Suite, Apt. #, etc.

City & State

Niceville FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1995

5. FEI Number

59-3422006

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	VUOVICH, HAROLD J	4347 SUNSET BEACH BLVD.	NICEVILLE FL 32578
V	WRIGHT, LARRY	8060 LAVELLA WAY	PENSACOLA FL 32526
P	Wright, Larry	106 Bayshore Dr	Niceville FL 32578
			900003440819--6 -10/26/00--01078--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

VUOVICH, HAROLD J
4347 SUNSET BEACH BLVD.
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name

Larry Wright

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

106 Bayshore Dr

Suite, Apt. #, Etc.

City

Niceville FL

State

FL

Zip Code

32578

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 10/16/2000

11. 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Wright

Date 10/16/2000

850-678-9731

Date

Daytime Phone #

CR2E040 (8/00)