

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 15 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 14563**

1. Corporation Name

**L.V.C., Incorporated**

Principal Place of Business

Mailing Address

**2218 Jim Redman Parkway  
Plant City FL 33566**

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

2. New Principal Office Address, If Applicable

**110 E. Reynolds Street**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Plant City FL**

Zip  
**33566**

Country  
**Hillsborough**

3. New Mailing Office Address, If Applicable

**110 E. Reynolds Street**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Plant City FL**

Zip  
**33566**

Country  
**Hillsborough**

4. Date Incorporated or Qualified To Do Business in Florida

**2/96**

5. FEI Number

**69-3360631**

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)

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
P	Luciano Tripi	5005 West Thonotosassa Rd	Plant City FL 33565
T	Luciano Tripi		
X	Luciano Tripi		
S	Luciano Tripi		

**300002403443-8**  
**-01/16/98-01095-008**  
**\*\*\*\*165.00 \*\*\*\*165.00**  
**SL**  
**1-15-98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**Luciano Tripi**

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

**5005 W. Thonotosassa Rd**

Suite, Apt. #, Etc.

City

**Plant City**

State

**FL**

Zip Code

**33565**

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]**  
REGISTERED AGENT MUST SIGN

Date

**1-5-98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

**1-5-98 (813) 754-1483**

Date


Daytime Phone #

CR20040 (12/96)

(2)

To whom it may concern,  
Here is all the information  
for reinstating L.V.C. Incorporation,  
enclosed is a check for \$165.<sup>00</sup>.  
The ~~corporation~~ corporation was  
dissolved due to the wrong registered  
agent, and address. Please forward  
any late fees or paperwork concerning  
the corporation to 110 E. Reynolds  
Street, Suite 100 Plant City FL  
33566 or contact me at  
813 754-1483.

Thank you,

  
Luciano Tripi