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
1997 NOV 14 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000026176**

1. Corporation Name

VON INC.

Principal Place of Business	Mailing Address
1535 SW ARCHER ROAD GAINESVILLE FL 32608	~~1535 SW ARCHER ROAD~~ ~~GAINESVILLE FL 32608~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

GLENDA T. ADKINS
Suite, Apt. #, etc.
45 E. Hwy 318
City & State
CITRA, FL
Zip 32113 | Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida **03/19/1996**

5. FEI Number
59-3371451
☐ 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	Glenda Adkins	45 E. Hwy 318	Citra, FL 32113
V	Glenda Adkins	45 E Hwy 318	Citra, FL 32113
D	Glenda Adkins	45 E Hwy 318	Citra, FL 32113
T.	Glenda Adkins	45 E Hwy 318	Citra, FL 32113
S.	Glenda Adkins	45 E Hwy 318	Citra, FL 32113
C	Glenda Adkins	45 E Hwy 318	Citra, FL 32113

8. Name and Address of Current Registered Agent

ADKINS, GLENDA
45 EAST HWY 318
CITRA FL 32113

9. Name and Address of New Registered Agent

Name

Street Address

REINSTATEMENT 11/14/97

Suite, Apt. #, Etc.

000002350340--2
-11/18/97--01043--001
****750.00

City State Zip Code

FL ****750.00

CR2E040 (8/97)

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 Glenda Adkins
REGISTERED AGENT MUST SIGN

Date 11-11-97

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: Glenda Adkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-11-97

(352) 371-1504
Daytime Phone #