

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063015

1. Corporation Name

VERROCA-LUT JENS, INC.

Principal Place of Business

960 KEYES AVE
WINTER PARK FL 32789
US

Mailing Address

960 KEYES AVE.
WINTER PARK FL 32789
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3398854

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	LUTJENS, RICHARD N	960 KEYES AVE	WINTER PARK FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUTJENS, RICHARD N 960 KEYES AVE WINTER PARK FL 32709	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	FL
	Zip Code

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

REQUIRED

Date 12/8/99

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/99

Date

407-261-2320

Daytime Phone #

FILED

98 DEC 22 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR25040 (9/98)