

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102739

1. Corporation Name

VIETH DEVELOPMENT, INC.

Principal Place of Business
1389 Rachel Ln.
8912 WINGED FOOT DR.
TALLAHASSEE FL 32312

Mailing Address
1389 Rachel Ln.
8912 WINGED FOOT DR.
TALLAHASSEE FL 32312

32308

32308



REINSTATEMENT

07

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

2. New Principal Office Address, If Applicable

1389 Rachel Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1389 Rachel Lane
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

5. FEI Number

59-3422048

Applied For

Not Applicable

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip Country
32308 Leon

Zip Country
32308 Leon

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VIETH, THOMAS L	8912 WINGED POST DR 1389 Rachel Lane	TALLAHASSEE FL-32312- 32308

400023977314
10/21/03--01087--016 **150.00

8. Name and Address of Current Registered Agent

VIETH, THOMAS L
8912 WINGED POST DR
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name
Vieth, Thomas L.
Street Address (P.O. Box Number is Not Acceptable)
1389 Rachel Lane
Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32308

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. VIETH

10-14-03

Date

850 545 9037

Daytime Phone #

CR2E040 (7/03)

VIETH CONSTRUCTION

Tom Vieth
1389 Rachel Lane
Tallahassee, FL 32308
PR-0056999

Phone (850) 545-9037
Fax (850) 385-9037

October 13, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Angel Grainger

Re: Vieth Development, Inc.
Doc. #P96000102739

Dear Ms. Grainger,

Attached is an Application for Reinstatement for the above referenced corporation, which I just recently received in the mail. I never received a first or a second notice regarding this renewal. We moved this year and I can only imagine that the notices were lost in the mail. Since I have just now received this Notice of Administrative Dissolution or Revocation, I would like to request that you please waive any late fee and penalties and accept my \$150.00 filing fee.

Thank you for your help in this matter.

Sincerely,



Tom Vieth