

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **99**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC - 8 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000103375**

1. Corporation Name

VIRTUCOM, INC.

Principal Place of Business

~~701 SR 404~~
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 1201/182
ALTAMONTE SPRINGS FL 32714



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

12/24/1996

Suite, Apt. #, etc.

1147 Brantley Estates Dr.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32714

Seminole

Zip

Country

5. FEI Number

59-3436918

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
D, P	WHEELER, RICHARD A	1147 BRANTLEY ESTATES DRIVE	ALTAMONTE SPRINGS FL 32714
			300002369863-- 9
			-12/11/97--01094--017
			****758.75 ****758.75

REINSTATEMENT **99**

G. Alap
12/8/97

8. Name and Address of Current Registered Agent

WHEELER, RICHARD A SR
1147 BRANTLEY ESTATES DRIVE
ALAMONTE SPINGS FL 32714

9. Name and Address of New Registered Agent

Name
Paul Camp Lane
Street Address (P.O. Box Number Is Not Acceptable)
5401 South Kirkman Road
Suite, Apt. #, Etc.
Suite 500

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Paul Camp Lane

Date **12/4/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/97

Date

407-865-9716

Daytime Phone #