

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000104364**

1. Corporation Name

V.T. BOROUGHS, INC

Principal Place of Business

Mailing Address

**6975 US HIGHWAY A1A SOUTH
#4
ST AUGUSTINE, FL 32086**

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

2. New Principal Office Address, If Applicable

**3505 US1 SOUTH
#3**

3. New Mailing Office Address, If Applicable

**3505 US1 SOUTH
#3**

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/96

5. FEI Number

59-3417577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SALES AND USE TAXES REQUIRED TO BE COLLECTED ON SALES

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

Zip

32084

Country

ST JOHNS

Zip

32084

Country

ST JOHNS

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/T	REUBEN C FRANKLIN	6401 PUTNAM ST	ST AUGUSTINE FL 32086
V/S	NICHOLAS H FRANKLIN	6170 A1A SOUTH APT 316	ST AUGUSTINE FL 32086
D	VERNUE J BOROUGHS	6929 A MIDDLETON AVE	ST AUGUSTINE FL 32086

**500003070409--3
-12/15/99--01009--012
***155.00 ***155.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VERNUE J. BOROUGHS
6929 A MIDDLETON AVE
ST AUGUSTINE, FL 32086**

Name
REUBEN C FRANKLIN
Street Address (P.O. Box Number is Not Acceptable)
3505 US1 SOUTH
Suite, Apt. #, Etc.
#3
City
ST AUGUSTINE
State
FL
Zip Code
32084

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

Reuben C Franklin
REGISTERED AGENT MUST SIGN

Date **11/22/99**

11. This corporation owes 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:

Reuben C Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/99
Date
1-904 797-1067
Daytime Phone

CP22001 (12/99)

V.J. BOROUGHS, INC

3303-3 US1 SOUTH
ST AUGUSTINE, FL 32086

Country

Phone 1904-797-1867
Fax 1-904-797-2049

November 29, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Sprather

Enclosed is our application for Reinstatement.

Our firm did not receive our renewal for the year 1999. After contacting your office we were instructed to send this letter of explanation along with the application for reinstatement. We have enclosed our check in the amount of \$155.00 for our renewal as instructed by your office.

Thank you for your prompt attention concerning this matter.

Sincerely,


Reuben C. Franklin
President

cc:file