

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005597

1. Corporation Name

KEN A. VEVERKA, INC.

Principal Place of Business

2425 SOUTH EAST DIXIE HIGHWAY
AIRPORT BUSINESS PARK
STUART FL 34996

Mailing Address

2425 SOUTH EAST DIXIE HIGHWAY
AIRPORT BUSINESS PARK
STUART FL 34996



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

5. FEI Number

65-0720767

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VEVERKA, KEN A	GOLFVIEW APTS. #6, 3650 SE COUNT	STUART FL 34996

REINSTATEMENT 2000

900003455039--3
-11/07/00--01066--002
****758.75 ****758.75

8. Name and Address of Current Registered Agent

VEVERKA, KEN A
2425 SOUTH EAST DIXIE HIGHWAY
AIRPORT BUSINESS PARK
STUART FL 34996

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

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

Ken A. Veverka

REGISTERED AGENT MUST SIGN

Date OCT. 15, 2000

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:

Ken A. Veverka KEN A. VEVERKA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-00

Date

561-287-4758

Daytime Phone #

CR2E040 (9/00)