

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 12:59

DOCUMENT # P97000043399

1. Corporation Name

VERA OF KY INC.

Principal Place of Business

14765 OSPREY POINT DRIVE  
FORT MYERS FL 33908

Mailing Address

14765 OSPREY POINT DRIVE  
FORT MYERS FL 33908



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

05/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-0917674

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARLAN, VERA	14765 OSPREY POINT DRIVE	FT MYERS FL 33908
VP	HARLAN, GARY	14765 OSPREY POINT DRIVE	FT MYERS FL 33908
ST	JENNINGS, JASON	3024 ELK TRACE	MADISONVILLE KY 42431
			000003488620--0 -12/06/00--01010--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HARLAN, GARY  
14765 OSPREY POINT DRIVE  
FORT MYERS FL 33908

9. Name and Address of New Registered Agent

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

*Gary Harlan*  
REGISTERED AGENT MUST SIGN

Date 11-4-00

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:

*Gary D Harlan - Vice Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-00 941-454644

AD

CR2E040 (800)

2

Vera Inc.  
941-454-6441  
Gary Harlan  
Vice-President  
14765 Osprey Point Drive  
Fort Myers , FL 33908

To Whom It May Concern:

I have been notified that my corporation did not respond to fees required. I placed a call immediately after from returning from out of town business. The gentleman on the phone was very helpful. I explained I in no fashion or form had received any notice or papers indicating that I need to pay fees or fill out the appropriate papers for the corporation.

Due to us not receiving I am requesting that you waive any penalties and accept this check for 150.00 to keep Vera Inc of Ky in good standing with the State of Florida.

Respectfully,



Gary Harlan  
Vice-President  
Vera Inc. of KY

Doc # P 970000 43899