

APPLICATION FOR



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

FILED
00 DEC -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P97000063968

1. Corporation Name

CVID, INC.

Principal Place of Business

Mailing Address

263 NEW WATERFORD PLACE
LONGWOOD FL 32779
326

263 NEW WATERFORD PLACE
LONGWOOD FL 32779
326

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

2. New Principal Office Address, If Applicable

326 New Waterford Pl
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

326 New Waterford Pl
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1997

5. FEI Number

59-3462210

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
D	AMES, GERALD E	263 NEW WATERFALLS RD 326 New Waterford Pl	LONGWOOD FL 32789 32779
D	AMES, SANDRA K	263 NEW WATERFALLS RD 326 New Waterford Pl	LONGWOOD FL 32789 32779

900003509279--1
-12/20/00-01084-005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

AMES, GERALD E
223 ALTAMONTE COMMERCE BOULEVARD
#1306
ALTAMONTE SPRINGS FL 32714

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

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/19/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Gerald E. Ames
GERALD E. AMES

10/19/00

Date

407-778-4006

Daytime Phone #

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10-19-00

*Florida Department of State
Division of Corporations*

To Whom it may Concern:

Enclosed is a check in the amount of \$150.00. We did not send back the report for renewal because we never received it, due to the addresses. I spoke with one of your agents and this is what she told me to do. Please accept with our apologies and reinstate our corporation.

Sincerely,

Sandra Ames

*Sandra Ames
Vice President*