

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 13 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000037792**

1 Corporation Name

VAUGHAN & ASSOC. INC

Principal Place of Business

Mailing Address

**2800 Riverside Dr 102B
Coral Sping FL 33065**

[Handwritten signature]

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 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

March 1998

5 FEI Number

65-0829167

6 CERTIFICATE OF STATUS YES/NO

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

(Do NOT Use Post Office Box Numbers)

PRES STEPHEN VAUGHAN

**2800 Riverside Dr 102B
Coral Sping FL 33065**

200002859632--6

-05/03/99--01006--004

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

**STEPHEN VAUGHAN
2800 Riverside Dr 102B
Coral Sping FL**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Allowed)

Suite, Apt. #, Etc.

City

FL

Signature of Registered Agent

[Handwritten signature of Stephen Vaughan]

OFFICIAL CORPORATE SEAL
VAUGHAN & ASSOCIATES, INC.
FLORIDA 1999

REGISTERED AGENT MUST SIGN

DATE: MARCH 15 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equate to the information stated in Section 111.01, Florida Statutes. I also certify that I am an officer or director of the corporation or have been empowered to execute this application and provide the information required by this form. I have paid the fees required by this form and the information is true and correct to the best of my knowledge and belief. The information is submitted on this application is true and correct to the best of my knowledge and belief. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN VAUGHAN

MARCH 31

**755-4020 wk
755-5450 HM**