

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000045837**

1. Corporation Name

VALUE MANAGEMENT TECHNOLOGIES, INC

2. Principal Office Address

**P.O. Box 380091
Jacksonville FL 32205**

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

3. Mailing Office Address

**P.O. Box 380091
Jacksonville FL 32205**

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32205

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/98

5. FEI Number

59-3531840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William O. Birchfield III

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

3888 Richmond St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W.O. Birchfield III

REGISTERED AGENT MUST SIGN

Date

4/29/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

Pres	Daniel L. Millar	1884 Goldeneye Dr.	Holland, MI 49424
VP	Scott W. Millar	13252 Bonroyal Dr.	Desperes, MO 63131
Treas	William O. Birchfield III	3888 Richmond St.	Jacksonville, FL 32205

10. 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

W.O. Birchfield III

William O. Birchfield III

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/01

Daytime Phone #

904-733-0103