

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:53

DOCUMENT # P99000039259

1. Corporation Name

Virginia James Corporation

2. Principal Office Address

309 Tamiami Trail

3. Mailing Office Address

309 Tamiami Trail

Suite, Apt. #, etc.

Unit 113

Suite, Apt. #, etc.

Unit 113

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

U.S.A.

Zip

33950

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 27, 1999

5. FEI Number

65-0919865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Hal F. Wotitzky, Esquire

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

223 Taylor Street

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

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

Hal F. Wotitzky

REGISTERED AGENT MUST SIGN

Date 10/04/00

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
P	James A. Crumbaugh III	2174 Bayou Road	Punta Gorda, FL 33950
V/T/S	Ginger Crumbaugh	2174 Bayou Road	Punta Gorda, FL 33950

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

941-639-2600

Daytime Phone #