

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000039259

1. Corporation Name

Virginia James Corporation

2. Principal Office Address

309 Tamiami Trail

Suite, Apt. #, etc.

Unit 113

City & State

Punta Gorda, FL

Zip

33950

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**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

7. Name and Address of Current Registered Agent

Name

Rexford R. Koch, CPA

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

252 W. Olympia Ave.

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**

REGISTERED AGENT MUST SIGN

Date 10-18-01

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
P/D	James A. Crumbaugh, III	2174 Bayou Rd.	Punta Gorda, FL 33950
V/S/T/D	Rexford R. Koch	252 W. Olympia Ave.	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

Date

Daytime Phone #

FILED

01 OCT 22 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001 Mm

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****750.00 **** 50.00

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