

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

01 DEC 19 AM 11:32

**DOCUMENT #**

1. Corporation Name **P99000039362**

**FRED VINING COMPANY  
4810 CEDAR POINT ROAD  
JACKSONVILLE FLORIDA 32226 1962**

**100004743211--6**

**-12/28/01--01082--001**

**\*\*\*\*908.75 \*\*\*\*908.75**

2. Principal Office Address

**4810 CEDAR POINT ROAD**

Suite, Apt. #, etc.

3. Mailing Office Address

**4810 CEDAR POINT ROAD**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FLORIDA**

City & State

**JACKSONVILLE FLORIDA**

Zip

**32226**

Country

**DUVAL**

Zip

**32226 1962**

Country

**DUVAL**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3548391**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**FRED VINING**

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

**4810 CEDAR POINT ROAD**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32226 1962**

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

*Fred Vining*

Date

**12/11/2001**

REGISTERED AGENT MUST SIGN

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	FRED VINING	4810 CEDAR POINT ROAD	JACKSONVILLE FLORIDA 32226
SECR	REIA VINING	P O BOX 751993	DAUION OHIO 47475
V PRES	RANDY THOMPSON	4819 CEDAR POINT ROAD	JACKSONVILLE FLORIDA 32226
TREAS	WILLIAM BROWN	8415 HOGAN ROAD	JACKSONVILLE FLORIDA 32247

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:

**FRED VINING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-11-01**

Daytime Phone #

**904-509-1261**

CR2E081 (9/00)