

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045661

1. Corporation Name

VJ LUPO, INC.

Principal Place of Business

Mailing Address

~~7240 SHEARWATER DRIVE~~ 2960 Shearwater DR
NAVARRE FL 32566



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2960 Shearwater DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2960 Shearwater DR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1999

5. FEI Number

59-3577086

Applied For

Not Applicable

City & State
NAVARRE FL

City & State
NAVARRE FL

Zip Country
32566 Santa Rosa

Zip Country
32566 Santa Rosa

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	LUPO, VICTOR	7240 SHEARWATER DR 2960 Shearwater DR	GULF BREEZE FL 32566 NAVARRE FL
S	LUPO, REGINA	7240 SHEARWATER DR 2960 Shearwater DR	GULF BREEZE FL 32566 NAVARRE FL

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10/16/03--01049--007 **758.75

8. Name and Address of Current Registered Agent

LUPO, VICTOR J
~~7240 SHEARWATER DRIVE~~ 2960 Shearwater DR
NAVARRE FL 32566

9. Name and Address of New Registered Agent

Name

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

2960 Shearwater DR

Suite, Apt. #, Etc.

City

NAVARRE

State

FL

Zip Code

32566

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-14-03

11. 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] VICTOR J. Lupo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03 860-936-5093

Date

Daytime Phone #

CR2E040 (7/03)