

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048330

1. Corporation Name

Vipperman Consulting, Inc.

2341 Forrest Road
2341 Forrest Road

2. Principal Office Address
2341 Forrest Road

Suite, Apt. #, etc.
n/a

City & State
Winter Park, FL

Zip Country
32789 USA

3. Mailing Office Address
2341 Forrest Road

Suite, Apt. #, etc.
n/a

City & State
Winter Park, FL

Zip Country
32789 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/26/99

5. FEI Number
590010315

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
Claudine Vipperman

Street Address (P.O. Box Number is Not Acceptable)
2341 Forrest Road

Suite, Apt. #, Etc.
n/a

City
Winter Park

State Zip Code
FL 32789

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 10/6/04

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 | Claudine Vipperman | 2341 Forrest Road | Winter Park, FL 32789 |
| | | | |
| | | | |
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| | | | |
| | | | |

100041730911
10/08/04--01065--002 **150.00

10/11

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 #



500 Winderley Place, Suite 226 Maitland, FL 32751 (407) 659-4205

October 6, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporate Reinstatement Application

To Whom It May Concern:

I understand that Vipperman Consulting, Inc., was dissolved on October 1, 2004 for failure to file the required annual report. Attached is a Corporation Reinstatement document for your processing. Please be advised that neither Vipperman Consulting, Inc., nor its resident agent, received any notices or postcards for 2004 from the Department of State regarding this matter. Our offices were recently moved, and it is my guess that the notice went to the wrong address or got lost in mail forwarding. Vippermann Consulting, Inc., has always made its best efforts to comply with reporting requirements. As such, I respectfully request a waiver of all late fees. I have included a check in the amount of \$150.00 made payable to the Department of State as suggested by your office.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cyndi Payne".

Cyndi Payne, Esq.
Vipperman Consulting, Inc.

A handwritten signature in cursive script, appearing to read "Claudine Vipperman-Gwinn".

Claudine Vipperman-Gwinn
President
Vipperman Consulting, Inc.

Enc.