

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000065588

1. Corporation Name

VERSATILE RECORD INC

2. Principal Office Address

3210 COUNTRYSIDE VIEW DRIVE

Suite, Apt. #, etc.

City & State

SAINT CLOUD, FL

Zip

Country

34772-7050

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

12/15/2000

5. FEI Number

65-1101921

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

DEON M HUMPHREY

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

3210 COUNTRYSIDE VIEW DRIVE

Suite, Apt. #, Etc.

City

SAINT CLOUD

State

FL

Zip Code

34772-7050

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

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
PRESIDENT	DEON M HUMPHREY	3210 COUNTRYSIDE VIEW DRIVE	SAINT CLOUD, FL 34722-7050

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

DEON M HUMPHREY

Date

1/2/30

(407) 466-8149

Daytime Phone #

VERSATILE RECORD INC
3210 COUNTRYSIDE VIEW DRIVE
SAINT CLOUD, FL 34772-7050

December 16, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Reinstatement Fee - Waiver

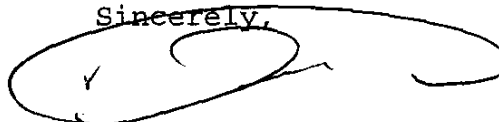
Dear Sirs:

As per the conversation of earlier today, we are requesting a waiver of the reinstatement fee since we have no record of having received the annual report form for 2003.

Please process this request and reinstatement application as soon as possible and let us know in writing that it has been taken care of.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Deon M. Humphrey", enclosed within a large, loopy oval shape.

Deon M Humphrey
President

cssm
Enclosures