PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

								·	PRA	THER		
									AUG 14			
S Mikal H. White				5011 Gate Parkway Bldg 100 Ste			100 Ste 100	Jacksonville.	FL 3225	56		
VP Graylyn L. Christopher			5011 Ga	ate Pa	rkway Bldg	100 Ste 100	Jacksonville, FL 32256					
PDT	PDT Janice H. White			5011 Gate Parkway Bldg 10			100 Ste 100	100 Jacksonville, FL 32256		56		
Namys and Street Addresses of Each Officer and/or Director (F Titles			Street Address of Each Officer and/or Director			eh .	City / State / Zig					
9. Names an	d Street Ad					ations must list at	least 3 directors)					
8. I, being app Signature of Registered Age	1	registered agent of the above	ve named (orp	het	ف	ith and accept the	obligations of section	on 607.0505 or 617 060.	1	24_		
City Jacksonville.					State FL	Zip Code 32256				<u>ග</u> ල		
Street Address (P.O. Box Number is Not Acceptable) 5011 Gate Parkway Suite, Apt. #, Etc. Bldg 100 Suite 100							_			12 FI		
Name		7. Name and Address of H. White		stered Ager	it				;= :- :	D24 ALCS		
32256	6	^C USA	3225		Country	SA	6, YESTIFICATE	OF STATUS DESIRED		litional Fee require		
City & Stale Jacksonville, Florida				nville, Flo				5. FEI Number 47-4725795		Applied For Not Applicable		
				uite, Apl. #, elc. Bldg 100 Suite 100				4. Dato Incorporated or Qualified January 16, 1991 To Do Business in Florida				
				Office Address Gate Parkway				o . o . l		1600		
DOCUN 1. Curporation Magni Inc.	n Name 🧸	# \$25280 EG Pealtigi teal Estate Group	Inc.				771 06/2)	310 4 3 1 9 3 1/2401029	3327 -021 *	77 *1500.00		
REINSTATEMENT				A DEPAR' Secretar VISION OF C	y of St							

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. Hurther certify that when liting 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am expire that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817,155, F.S.

SI	G	N	Α	Τ	U	R	E	:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



AUG 12 2024

Letter Number: 724A00015940

July 20, 2024

V & G rEALTY, INC. 5011 GATE PARKWAY BLDG 100, SUITE 100 JACKSONVILLE, FL 32256

Ref. Number: 700431983277

We have received your document for and your check(s) totaling \$1500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

www.sunbiz.org

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