

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN -3 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S69828**

1. Corporation Name

**Voyager South Inc**  
**P.O. Box 2922**  
**Pensacola, FL 32513**

2. Principal Office Address

**1084 Willowbranch Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 2922**

Suite, Apt. #, etc.

City & State

**Tampa, Fla 32204**

Zip

Country

**32204**

City & State

**Pensacola, Fla**

Zip

Country

**32513**

**REINSTATEMENT**

CR 22081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3077424**

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

**H. Harold Douglas Sr**

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

**1084 Willow Branch**

Suite, Apt. #, Etc.

**Tampa Fla 32204**

City

**400063009884**

**01/06/06--01055--010 \*\*308.75**

State  
**FL**

Zip Code

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

**H. Harold Douglas Sr**

REGISTERED AGENT MUST SIGN

Date **1-3-05**

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	<b>H. Harold Douglas Sr</b>	<b>1084 Willow Branch</b>	<b>Tampa Fla 32204</b>

**\$11-3-06**

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:

**H. Harold Douglas Sr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-3-05**

Daytime Phone #

I Did not Review Annual Report  
For the year of 2005.

H. Hall Douglas L. P.  
Voyager South Inc  
569828