

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 PM 1:04

DOCUMENT # **V13333**

1. Corporation Name

VOLUSIA COUNTY LINE INC

300003164683--6
-03/10/00--01011--006
****300.00 ****300.00

2. Principal Office Address

5236 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5236 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

Daytona Beach, FL 32127

City & State

Daytona Beach, FL

Zip

32127

Country

VOLUSIA

Zip

32127

Country

VOLUSIA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

54 3109355

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

RICK HULLARD

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

5236 S. RIDGEWOOD AVE

Suite, Apt. #, Etc.

City

Daytona Beach, FL 32127

State

FL

Zip Code

32127

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 **3-6-00**

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	RICHARD HULLARD	5236 S. RIDGEWOOD AVE	Daytona Beach, FL 32127

4/3/00

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

3-06-00

Date

904 212 3900

Daytime Phone #