

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
96 NOV -7 PM 12: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V18567

1. Corporation Name  
THE VELVET SQUAW, INC.

Principal Place of Business Mailing Address  
1942 NW 165TH ST 1942 NW 165TH ST  
CITRA FL 32113 CITRA FL 32113  
US US



REINSTATEMENT *gbaw*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida 03/01/1992  
5. FEI Number 59-3117793  
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DUNN, JOANN	1942 NW 165TH ST.	CITRA FL 32113
ST	CALLAS, GEROGE W	1942 NW 165TH ST	CITRA FL

~~300002003893--8~~  
~~-11/13/96--01192--021~~  
~~\*\*\*375.00 \*\*\*375.00~~

8. Name and Address of Current Registered Agent  
DUNN, JOANN  
3001 NE 2ND LANE  
OCALA FL 34470

9. Name and Address of Former Registered Agent  
Name: *Dunn, Joann*  
Street Address (P.O. Box Number is Not Acceptable): *1942 NW 165TH ST*  
Suite, Apt. #, Etc.:  
City: *Citra* State: *FL* Zip Code: *32113*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: *Joann Dunn* REGISTERED AGENT MUST SIGN  
Date: *10-5-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *Joann Dunn* REGISTERED AGENT MUST SIGN  
Date: *10-5-96* Daytime Phone: *352-591-3669*

CR2540 (7/96)