

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/01/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3117793	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

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

1	2	3	4
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

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-11/13/96--01192--021
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of Former Registered Agent

DUNN, JOANN 3001 NE 2ND LANE OCALA FL 34470		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	
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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* **SIGNATURE REQUIRED** Date *10-5-96*
REGISTERED AGENT MUST SIGN

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* **SIGNATURE REQUIRED** Date *10-5-96* 352-591-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2500 (7/96)