

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
CITRA FL 32113
US

1942 NW 165TH ST
CITRA FL 32113
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3117793

Applied For

Not Applicable

City & State

City & State

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)

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

~~300002003893--8~~
~~-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*

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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-96

Date

352-591-3668

Daytime Phone