

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
00 JAN 28 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V 36859

1. Corporation Name

Vulcan Holding, Inc.

2. Principal Office Address

310 SW Ocean Blvd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

US  
Martin County

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-2000

4. Date Incorporated or Qualified  
To Do Business in Florida

5/18/92

5. FEI Number

65-0338652

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

Frederick G. Sundheim, Jr.

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

310 SW Ocean Blvd.

Suite, Apt. #, Etc.

Stuart, FL 34994

City

State  
FL

Zip Code

200003130122-7  
-02/09/00-01099-018  
\*\*\*998.75 \*\*\*998.75

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

*Frederick G. Sundheim, Jr.*

REGISTERED AGENT MUST SIGN

Date 1/17/00

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
P/S	T.D.B. McCann	c/o 310 SW Ocean Blvd.	Stuart, FL 34994
VP	John Montague	c/o 310 SW Ocean Blvd.	Stuart, FL 34994

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

X

Date

24 January 2000

Daytime Phone #