


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT -4 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04 000000451  
1. Corporation Name  
**Dordt College, Incorporated**

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
498 Fourth Ave N.E.

3. Mailing Office Address  
same

Suite, Apt. #, etc.

City & State  
Sioux Center, Iowa

City & State  
same

Zip 51250 Country U.S.A.

Zip same Country

4. Date Incorporated or Qualified To Do Business in Florida  
January 27, 2004

5. FEI Number  
42-0772559

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  
Marilyn Schryvers

Street Address (P.O. Box Number is Not Acceptable)  
4222 St George Lane

Suite, Apt. #, Etc.

City Naples State FL Zip Code 34119

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Marilyn Schryvers* Date Oct. 1 '07  
REGISTERED AGENT MUST SIGN

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	Carl E. Zylstra	498 4th Ave N.E.	Sioux Center, IA 51250
T	Arlan Nederhoff	498 4th Ave N.E.	Sioux Center, IA 51250
C	Alvin Kooiman	498 4th Ave N.E.	Sioux Center, IA 51250
S	Tim Moerman	498 4th Ave N.E.	Sioux Center, IA 51250

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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 contained in Chapter 119, 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: *Arlan Nederhoff* 8/30/2007 712-722-6010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #