

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 431281

1. Corporation Name

C.M. VAN DEN BERG CORPORATION

Principal Place of Business

152 PARK AVE SOUTH  
WINTER PARK FL 32789-4315

Mailing Address

1245 HOWELL PT  
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable  
1245 Howell Point

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip  
32792

Country  
USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1973

5. FEI Number

59-1469604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VAN DEN BERG, CAROLIN	1245 HOWELL PT	WINTER PARK FL 32792
ST	VAN DEN BERG, EGERTON	1245 HOWELL PT	WINTER PARK FL 32792

500008640875  
10/29/02--01018--001 \*\*1050.00

8. Name and Address of Current Registered Agent

VAN DEN BERG, CAROLINE  
1245 HOWELL PT  
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-647-2899

10/22/02

CR2E040 (8/00)