

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

09 OCT 12 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **431281**

1. Corporation Name

C.M. VAN DEN BERG CORPORATION

2. Principal Office Address - No P.O. Box #  
920 Georgia Ave.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Park, FL

City & State

Zip  
32789

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 07/24/1973

5. FEI Number 591469604

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  
CAROLINE VAN DEN BERG

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

Suite, Apt. #, Etc.

City  
WINTER PARK

State  
FL

Zip Code  
32789

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

*Caroline van den Berg*

Date 10/09/09

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
PD	CAROLINE VAN DEN BERG	920 Georgia Ave.	Winter Park, FL 32789
ST	EGERTON VAN DEN BERG	1245 Howell Point	Winter Park, FL 32792

**REINSTATEMENT**

800161597018  
10/12/09 01004-004 \*\*750.00

**RM**

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:

*Caroline van den Berg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/09

Date

407-647-2899

Daytime Phone #