

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

CR2E081 (12/08)

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 Country
32789 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 Zip Code
FL 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

RM

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

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 #