

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUL -9 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 586107

1. Corporation Name

Vammen Realty Inc.

300021999223
04/03--01006--018 **2258.75

2. Principal Office Address

2083 Van Orman Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2083 Van Orman Dr.

Suite, Apt. #, etc.

REINSTATEMENT 93-03

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32725

Country

US

Zip

32725

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/1978

5. FEI Number

592003896

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

Vammen, C. M.

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

2083 Van Orman Dr.

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

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

C. M. Vammen

(REGISTERED AGENT MUST SIGN)

Date 7/07/2003

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	C. M. Vammen	2083 Van Orman Dr.	Deltona, FL, 32725
SVD	Mr. A. Vammen	2083 Van Orman Dr.	Deltona, FL, 32725

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:

C. M. Vammen
C. M. Vammen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/07/2003

Date

Daytime Phone #

(986)532-8838

~~(986)532-8838~~

CR2E081 (1002)