PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1997 APR -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840608

1. Corporation Name

LIMARAN II, INC.

Principal Place of Business | Mailing Address

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

2. New Principal Office Address, If Applicable
111 E. Fairbanks Avenue
Suite, Apt. #, etc.
101
City & State
Winter Park, Florida
Zip
32789
Country

3. New Mailing Office Address, If Applicable
same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
May 8, 1978

5. FEI Number
98-0040273
☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JAN NIJLAND	SOSESTDYKERWEQ #2 3734 M.H. Den Dolder	Netherlands, Europe

800012134408--2
-04/04/97--01120--007
***1575.00 ***1575.00

93 4-8-97 288 4/3/97

REINSTATEMENT

8. Name and Address of Current Registered Agent

Jere F. Daniels
147 W. Lyman Avenue
Winter Park, Florida 32789

9. Name and Address of New Registered Agent

Name
Peggy Amos
Street Address (P.O. Box Number is Not Acceptable)
111 E. Fairbanks Avenue
Suite, Apt. #, Etc.
Suite 101
City
Winter Park
State
FL
Zip Code
32789

CR2E040 (12/96)

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 Peggy D. Amos REGISTERED AGENT MUST SIGN

Date March 28, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 name(s) 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] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-3-97
Date

(407)629-2055
Daytime Phone #