

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000006195

1. Corporation Name

GREAT WEST VAN CONVERSIONS INC.  
F05000006195

2. Principal Office Address - No P.O. Box #

329 PARKDALE RD

Suite, Apt. #, etc.

City & State

ST. ANDREWS, MANITOBA

Zip

RIA3N9

Country

CANADA

3. Mailing Office Address

329 PARKDALE RD

Suite, Apt. #, etc.

City & State

ST. ANDREWS, MANITOBA

Zip

RIA3N9

Country

CANADA

7. Name and Address of Current Registered Agent

Name

PICKETT, JAMES H

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

12081 144TH ST N

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33774

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

9/28/07

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
PRES	MARTIN H. GEURIS	5387 Hwy #9	ST. ANDREWS, MB, CANADA RIA 2W6

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN H. GEURIS

Date

Sept 14/07

Daytime Phone #

204-338-9303



September 26, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Centre Circle  
Tallahassee, FL 32301

Please find enclosed our reinstatement application; we would like to request that any reinstatement fees be waived as we have never received any notices.

We look forward to completing this process. Please contact the undersigned if there are any questions.

Sincerely,

Martin Geurts  
President

Toll free-888-498-8267