

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 30 PM 4: 01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F78524

1. Corporation Name

VON PAISTER, INC.

2. Principal Office Address

40 JAMES T. HENDRICK

Suite, Apt. #, etc.

317 WHITEHEAD ST.

City & State

KEY WEST, FL

Zip

33040

Country

USA

3. Mailing Office Address

40 JAMES T. HENDRICK

Suite, Apt. #, etc.

317 WHITEHEAD ST.

City & State

KEY WEST, FL

Zip

33040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1982

5. FEI Number

59-0226104

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

JAMES T. HENDRICK

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

317 WHITEHEAD ST.

Suite, Apt. #, Etc.

MORGAN HENDRICK

City

KEY WEST

State

FL

Zip Code

33040

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 10/29/01

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
DPS	JAMES T. HENDRICK	317 WHITEHEAD ST.	KEY WEST, FL 33040

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.

JAMES T. HENDRICK

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/01

Date

(305) 296-5676

Daytime Phone #

CR2E081 (8/00)