

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000002113

1. Corporation Name

VOLSTRUIS, INCORPORATED

Principal Place of Business
11173 ACME ROAD
WEST PALM BEACH FL 33414
US

Mailing Address
11173 ACME ROAD
WEST PALM BEACH FL 33414
US

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

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/22/1994 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 31-1340820 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$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 |
|---------------|--|---|--------------------------|
| PS | ARUNDEL, PIETER | 11173 ACME RD. | WEST PALM BEACH FL 33414 |
| VT | ARUNDEL, JEANETTE | 11173 ACME RD. | WEST PALM BEACH FL |
| | | | 100002339641--8 |
| | | | -11/06/97--01003--001 |
| | | | ****165.00 ****165.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ARUNDEL PIETER M
11173 ACME ROAD
WEST PALM BEACH FL 33414

9. Name and Address of New Registered Agent

| | | |
|--|-------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

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 Date 10/27/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

(561) 793-3570

Daytime Phone #

CR2E040 (9/97)

FILED

97 OCT 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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VOLSTRUIS INC.

11173 Acme Rd.
West Palm Beach, FL 33414
(561) 793-3570

October, 28th, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN

I have been informed by one of your employees (Lesley) by phone today that my "Profit Corporation Annual Report" form has not yet been received by your department. The form, accompanied by a \$165.00 check has been mailed to your offices on March 10, 1997. Enclosed please find copies of the form and check that was sent by regular mail. Also included is a replacement check, and a application for reinstatement (if required).

If you have any further questions please feel free to call me.

Yours truly,



Pieter Arundel
President