

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 # **H70344**

1. Corporation Name

JOHN & JUDY VAN VUREN, INC.

Principal Place of Business

Mailing Address

C/O JOHN W. VAN VUREN
 620 SAVAGE CT
 LONGWOOD FL 32750

C/O JOHN W. VAN VUREN
 620 SAVAGE CT
 LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
DP	VAN VUREN, JOHN W.	620 SAVAGE CT	LONGWOOD FL
DTS	VAN VUREN, JUDY M.	620 SAVAGE CT	LONGWOOD FL

8. Name and Address of Current Registered Agent

VAN VUREN, JOHN W.
 620 SAVAGE CT
 LONGWOOD FL 32750

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date: **5/10/89**

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 **407-359-7016**
 Date Daytime Phone #

FILED
 MAY 14 PM 5:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

*98-997
 5/14/89*

08/08/1985

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2564328

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100002886431--1
 -05/25/99--01084--015
 ****900.00 ****900.00

CR2E040 (9/98)