

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 MAR 21 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** J42946

**1. Corporation Name**

WVK Versailles, Inc.

700003195877--3  
-04/04/00--01082--039  
\*\*\*1350.00 \*\*\*1350.00

**2. Principal Office Address**

1031 W. Morse Blvd.

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

Suite 325

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

USA

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/18/1986

**5. FEI Number**

59-2744220

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

Preferred Properties & Development, Inc.

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

1031 W. Morse Boulevard

Suite, Apt. #, Etc.

Suite 325

City

Winter Park

State

FL

Zip Code

32789

**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

President

Date 3-20-00

REGISTERED AGENT MUST SIGN

**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
DP	Van Kampen, Wim J.	Parkweg 319	Voorburg, Netherlands 2271BD
DP	Theuns, Hans	Parkweg 319	Voorburg, Netherlands 2271BD
			LS

**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.**

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Wim J. Van Kampen, President

Date

3/6/00, 0031703861210

Office Phone #