

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 21 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42946

1. Corporation Name

WVK Versailles, Inc.

2. Principal Office Address

3. Mailing Office Address

1031 W. Morse Blvd., Ste. 325

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 325

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32789

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-96

5. FEI Number

59 2744 220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Swann & Hadley, P.A.

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

Suite 350

City

Winter Park

State

FL

Zip Code

32789

000023962400
10/21/03--01029--019 **1050.00

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

REGISTERED AGENT MUST SIGN

Date 10/10/03

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 2271 BD	
D	Theuns, Hans	Parkweg 319 Voorburg, Netherlands 2271BD	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wim J. VAN KAMPEN 10/10/03

Date

Daytime Phone #

CR2E081 (9/01)