PLEASE READ A	ALL INSTRUCTION	NS BEFORE C	OMPLETI	NG THIS FORM	
APPLICATION FOR .	FLORIDA DEPARTA Sandra B. M Secretary (MENT OF STATE Mortham		FILED	
REINSTATEMENT	DIVISION OF CORPORATIONS		96 OCT 17 AM 7: 48		
DOCUMENT # K49361 1. Corporation Name			SECRETARY OF STATE		
VREELAND & COMPANY, INC.			TĂĨĬ	AHASSEE, FLORIDA	
Principal Place of Business Mailing Address 135 PARK PLACE 136 PARK PLACE		_			
JUPITER FL 33458 JUPITER FL 33458					910
If above addresses are incorrect in any way, line thro	ugh incorrect information and e	anter correction below.	REINS		
2. New Principal Office Address, If Applicable 14614 TANGELO BLVD	3. New Mailing Office Addres	ess, If Applicable	4. Date incorp. To Do Busin	orated or Qualified ness in Florida	12/06/1908
Suite, Apt. #, etc.	Suite, Apt. #, etc.	16	5. FEI Number		Applied For
City & State NEST ITUM BEACH, FL Zip Country	City & State	Country	6.		Not Applicable
7. Names and Street Addresses of Each Officer and/o			<u> </u>	E OF STATUS DESIRED	
Title(s) Name of Officers and/or Directors		orporations must list at lease Street Address of Each Officer and/or Director IOT Use Post Office Box N	`	Chu7	State / Zip
1 2 3 (00		DI AC-	<u> </u>		334/2
5 ROBINATTE, PATRICUA 196 Pan		TANGED	BUD.	NEST /ALM	BENON, FC
S ROBINATTE, PATI	erous 116 1	HARN PEN	20-	JUPITER	E 331/57
			3(0001989	3773B
				-10/ <i>C</i> 3/96	-01035027 J ************************************
				60.50.30.30	810=21=91
8. Name and Address of Current Registered Agent Name			9, Name and I	Address of New Registers	d Agent
vreeland, keith F. 198 Park Place	Street Address (F	2.0. Box Number	is Not Acceptable)	TO THE PROPERTY OF THE PROPERT	
JUPITER FL 33459	Suite, Apt. #, Etc.	1 400 9	FLO BLUE		
West In Percu State Zio Code 12 334/2					
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 Agent MUSISIGN REGISTERED AGENT MUSISIGN					
11. Does this corporation pay any intangible tax to the . Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No 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 filling 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 quality for an exemption under section 119.07(3)(i), F.S. The information indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.					
SIGNATURE: HAND THE AND THE AND THE PARTY OF THE OF THE OF THE PARTY O					
BIONATURE AND TYPED OR PRINTED NAME OF BIONING OFFICE OR DIRECTOR Date Device Profes					