

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JUN -5 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 02318

1. Corporation Name **Giant Recreation Rentals of Florida, Inc.**

Principal Place of Business Mailing Address
1050 Old Mission Road same
Unit D5
New Smyrna Beach, FL 32168

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 7/14/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2964752	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
P/D	G. T. VanVeen	1050 Old Mission Road #D5	100002561151--7 -06/16/98-01065--027 ****500.00 ****500.00 New Smyrna Bch, FL 32168
V/D	J. Van Veen	Santa Grusdreef	Utrecht 77

REINSTATEMENT 92-98
6-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name Sherry Marie Cote', Esquire	
		Street Address (P.O. Box Number is Not Acceptable) 602 Indian River Blvd	
		Suite, Apt. #, Etc. Suite 201	
		City Edgewater	State FL
		Zip Code 32141	

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **6/1/98**

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

Yes ☒ No ☐

100002561151--7
-06/16/98-01065--029
****158.75 ****158.75

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

Date **6-1-98** Daytime Phone # **(904) 426-2684**