

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

99 JAN 27 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000034

1. Corporation Name

JOHAN DE VRIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

TWO SO. BISCAYNE BLVD. STE 2975  
MIAMI FL 33131

TWO SO. BISCAYNE BLVD. STE 2975  
MIAMI FL 33131

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

290-174<sup>th</sup> ST  
Suite, Apt. #, etc.

290-174<sup>th</sup> ST  
Suite, Apt. #, etc.

2012

2012

City & State

City & State

SUNNY ISLES BEACH FL

SUNNY ISLES BEACH, FL.

Zip 33160

Country DADC

Zip 33160

Country DADC

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/1997

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 City / State / Zip
PRES	LORETTA de VRIES	290-174 <sup>th</sup> ST SUNNY ISLES BEACH, FL	SUNNY ISLES BEACH, FL 33160
V. PRES	GILDA STEIGER	20100 NE 22 AVE. N. MIAMI BEACH	NORTH MIAMI - 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACDANIEL, JOHN M ESQ.  
TWO SO. BISCAYNE BLVD. STE 2975  
ONE BISCAYNE TOWER  
MIAMI FL 33131

Name  
LORETTA de VRIES  
Street Address (P.O. Box Number is Not Acceptable)  
290-174<sup>th</sup> ST  
Suite, Apt. #, Etc.

2012

City  
SUNNY ISLES BEACH

State  
FL

Zip Code  
33160

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

Loretta de Vries

REGISTERED AGENT MUST SIGN

Date: 1/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta de Vries

1/25/99

305 937-1118

Daytime Phone #

CR2E040 (9/98)