

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 JUN -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD2000070073**

1. Corporation Name

VAN DONGEN FIVE INC.

100180497821
06/01/10--01063--007 **308.00

100180497821
05/06/10--01034--018 **750.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

1738 King Edward Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1738 King Edward Dr

Suite, Apt. #, etc.

City & State

Kissimmee FL 34744

Zip

34744

Country

U.S.A.

City & State

Kissimmee FL

Zip

34744

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-18-2005

5. FEI Number

592807917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required
or a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William B. VanDongen

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

1738 King Edward Dr.

Suite, Apt. #, Etc.

City

Kiss. FL

State

FL

Zip Code

34744

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William B. VanDongen

REGISTERED AGENT MUST SIGN

Date **04-07-2010**

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
Pres.	William B. VanDongen	1738 King Edward Dr Kiss	Kiss, FL 34744
Secretary	Marquerite VanDongen	1738 King Edward Dr	Kiss, FL 34744

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10. E-mail Address: **VAN 711 @ EMBARRASMAIL.COM**

(To be used for future annual report notification)

11. 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, I further certify, 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:

William B. VanDongen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2010 407-709-0422

Date

Daytime Phone #