

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 25 PM 12:32

CR2E081 (12/07)

DOCUMENT # **804000116085**

1. Corporation Name

VanAllen and Associates, Inc.

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

1102 N Willow Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33607

Country

Hillsborough

3. Mailing Office Address

1102 N. Willow Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33607

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/10/2004

5. FEI Number

05-0606781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda VanAllen

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

1102 N. Willow Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33607

☒ 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

Linda Van Allen
REGISTERED AGENT MUST SIGN

Date 8/22/08

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
P/T/M	Linda VanAllen	1102 N. Willow Ave	Tampa, Florida 33607
S	Jeannea Beaumont	1102 N. Willow Ave	Tampa, Florida, 33607

REINSTATEMENT

08/25/08 000134916678
08/25/08-01062-001 **600.00

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 contained in Chapter 119, 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

Linda Van Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda VanAllen

8/22/08

Date

813-258-6231

Daytime Phone #