


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000000174		
1. Entity Name VAN VLIET ENTERPRISES, INC.		

Principal Place of Business 612 SANFIELD STREET BRANDON, FL 33511	Mailing Address 612 SANFIELD STREET BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box # 1911 Firethorn Ct Suite, Apt. #, etc.	3. Mailing Address 1911 Firethorn Ct Suite, Apt. #, etc.
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City & State Brandon FL	City & State Brandon FL
Zip 33511	Country USA

6. Name and Address of Current Registered Agent VAN VLIET, MICHAEL 612 SANFIELD STREET BRANDON, FL 33511		7. Name and Address of New Registered Agent Name: Van Vliet, Michael Street Address (P.O. Box Number is Not Acceptable) 1911 Firethorn Ct City: Brandon FL Zip Code: 33511	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>M Van Vliet</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: 11/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VAN VLIET, MICHAEL 612 SANFIELD STREET BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Van Vliet, Michael 1911 Firethorn Ct Brandon FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN VLIET, SARA 612 SANFIELD STREET BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Van Vliet, Sara 1911 Firethorn Ct Brandon FL 33511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138325747 12/01/08--01040--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$712/1</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>M Van Vliet</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 11/25/08 <small>Daytime Phone #</small>

FILED
08 DEC -1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

