

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 31 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07091

1 Corporation Name

VILLAGE WEST BEHEER B.V., INC.

Principal Place of Business

166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751
US

Mailing Address

166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

4902 Eisenhower Blvd
Suite, Apt. #, etc.
380

3 New Mailing Office Address, If Applicable

4902 Eisenhower Blvd
Suite, Apt. #, etc.
380

4 Date Incorporated or Qualified
To Do Business in Florida

08/13/1985

5 FEI Number

98-0071787

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for 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
D	DE KROES, ARIE	91 ALEYDA V RAEPHORSTLAA	ROTTERDAM, THE NETHRLN
D	DE KROES, HENDRIK	12 RINGDIJK ROTTERDAM	THE NETHERLANDS
A	LEERDAM, A.C.	166 LOOKOUT PLACE SUITE 100	MAITLAND FL 32751
A	Bessem, H.	mauentsshade 5, The Hague	The Netherlands

REINSTATEMENT 1996
d. Allan

8 Name and Address of Current Registered Agent

LEERDAM, A.C.
166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

9 Name and Address of New Registered Agent

Name
Euro American Management Inc
Street Address (P.O. Box Number is Not Accepted)
4902 Eisenhower Blvd
Suite, Apt. #, Etc.
380
City
Tampa
State
FL
Zip Code
33634

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

REGISTERED AGENT MUST SIGN

Date 11/19/96

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

11/19/96

011-31-70-3647300
Daytime Phone #