

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY -8 PM 5:30

DOCUMENT # **P94000049780**

1. Corporation Name

VAN BAL, INC.

2. Principal Office Address

HARRIS VAN HILLO

Suite, Apt. #, etc.

3251 W. Cypress St.

City & State

Tampa, FL

Zip

33607-5109 USA

3. Mailing Office Address:

HARRIS VAN HILLO

Suite, Apt. #, etc.

3251 W. Cypress St.

City & State

Tampa, FL

Zip

33607-5109 USA

REINSTATEMENT 95-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/94

5. FEI Number

36-3979105

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

HARRIS VAN HILLO

800004316228-0

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

3251 W. Cypress St.

05/24/01-01097-047

*****1658.75 ***1658.75**

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607-5109

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/2/01

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
D	HARRIS VAN HILLO	3251 W. Cypress St	Tampa, FL 33607
D	Diana Balfour	37 W. 576 Knoll Creek Dr	St Charles, IL 60175

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/01 (813) 873 7000

Daytime Phone #

CR2E081 (9/00)