

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -8 PM 4:22

DOCUMENT # **P94000092696**

1. Corporation Name
VAN ZANTE CORPORATION

Principal Place of Business 2475 GRASSMERE DR. WEST MELBOURNE FL 32904	Mailing Address 2475 GRASSMERE DR. WEST MELBOURNE FL 32904
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 21-E W. Fee Ave Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 21-E W. Fee Ave. Suite, Apt. #, etc.
City & State Melbourne FL	City & State Melbourne FL
Zip 32901 Country USA	Zip 32901 Country USA

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4. Date Incorporated or Qualified To Do Business in Florida 12/23/1994		
5. FEI Number 59-3284234	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a 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	4. City / State / Zip
D/P	VAN ZANTE, WILLIAM P	2475 GRASSMERE DR. 21-E West Fee Ave.	WEST MELBOURNE FL 32904 Melbourne FL 32901
D	VAN ZANTE, PATRICIA A	2475 GRASSMERE DR.	WEST MELBOURNE FL 32904
			800003046508--4 -11/17/99--01003--005 ****750.00 ****750.00
			11/2/99

8. Name and Address of Current Registered Agent CELIO, ALBERT D 978 BREVARD AVE. SUITE A ROCKLEDGE FL 32955	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *[Signature]* Date: **11-2-99**
 REGISTERED AGENT MUST SIGN

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 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: *William P Van Zante*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William P Van Zante**
 Date: **10/22/99** Daytime Phone #: **(407) 676-7028**