

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000092699

1. Corporation Name

VAN ZANTE MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

~~2475 GRASSMERE DR.
WEST MELBOURNE FL 32904~~

~~2475 GRASSMERE DR.
WEST MELBOURNE FL 32904~~

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 West Fee Ave.

3. New Mailing Office Address, If Applicable

21-E West Fee Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip 32901

Country USA

Zip 32901

Country USA

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1994

5. FEI Number

59-3283946

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P/S/T	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
			600003082186--6 -12/28/99--01070--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CELIO, ALBERT D
976 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

Zip Code

FL

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)
REGISTERED AGENT MUST SIGN

Date

12-9-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P Van Zante

10/22/99

(407) 676 7021

Daytime Phone #