

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 21 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name **VON ENTERPRISES, INC.**

P95-0000-11370

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address

2231 SW 425T

Suite, Apt. #, etc.

MIA FL

City & State

33155

Zip

Country

USA

3. Mailing Office Address

1810 NW 20 AVE

Suite, Apt. #, etc.

CRYSTAL RIVER

City & State

FL

Zip

34428

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-7-1995

5. FEI Number

65-0604368

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

WM. VON KUEHLMAN

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

1810 NW 20 AVE

Suite, Apt. #, Etc.

000060917060

10/25/05--01030--019 **\$8.75

City

CRYSTAL RIVER

State

FL

Zip Code

34428

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 **10-03-05**

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 |
|-------------|--------------------------------------|---|-----------------------------------|
| PRES | WM. VON KUEHLMAN | 1810 NW 20 AVE | CRYSTAL RIVER FL 34428 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **WM. VON KUEHLMAN**

Date

10/03/05 352-4764753

Daytime Phone #