

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 AM 8:01

DOCUMENT # P96000056469

1. Corporation Name

VAN SANGAS Enterprises, Inc.

2. Principal Office Address

1572 S. NIEMEYER
Suite, Apt. #, etc. CIRCLE

3. Mailing Office Address

1572 S.E. NIEMEYER
Suite, Apt. #, etc. CIRCLE

City & State

Port St. Lucie,

Zip

34952

Country

USA

City & State

Port St. Lucie, FL.

Zip

34952

Country

St. Lucie

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

July 3, 1996

5. FEI Number

65-0691909

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

VAN SANGAS

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

1572 S.E. NIEMEYER CIRCLE

Suite, Apt. #, Etc.

City

Port St. Lucie, FL

State

FL

Zip Code

34952

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

11/19/02

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 | VAN SANGAS | 220 S. CAMINO ST. | Port St. Lucie FL 34952 |
| Treas | VAN SANGAS | 220 S. CAMINO ST. | Port St. Lucie FL 34952 |
| Secy | VAN SANGAS | 220 S. CAMINO ST. | Port St. Lucie FL 34952 |
| | | | |
| | | | |
| | | | |

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

VAN SANGAS

Date

11/19/02

Daytime Phone #

(772)
335-1526

CR2ED01 (2/01)