

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 26 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062804

1. Corporation Name

VAN HEYDE REALTY, INC.

Principal Place of Business

434 SW 14TH ST  
OCALA FL 34474

Mailing Address

4433 SE 12TH PL  
OCALA FL 34471



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1999

Suite, Apt. #, etc.

3501 NE 10th Street

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34470

Country

USA

Zip

Country

5. FEI Number

59-3583499

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PST	VAN HEYDE, ROBERT L	4433 SW 12TH PL	OCALA FL 34471

000009214450  
11/26/02--01004--010 \*\*150.00

8. Name and Address of Current Registered Agent

VAN HEYDE, ROBERT L  
4433 SE 12 PLACE  
OCALA FL 34471

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert Van Heyde*  
REGISTERED AGENT MUST SIGN

Date 11/20/02

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:

*Robert Van Heyde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-694-7114  
11/20/02

FROM THE DESK  
OF  
**ROBERT LEE VAN HEYDE**  
*VAN HEYDE REALTY, INC*  
**BROKER/REALTOR**  
4433 SW 12th Place, Ocala, FL 34474  
Res. 352-694-7114//Mobile:875-8472  
e-mail: vanheyderealty@cs.com

**NOVEMBER 20, 2002**

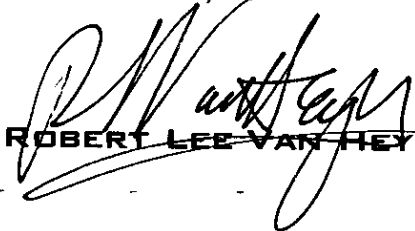
**DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327**

**ENCLOSED IS MY CORPORATE CHECK FOR \$150.00 FOR  
REINSTATEMENT FEE FOR THE CORPORATION.**

**PLEASE NOTE THAT THE PRINCIPAL OFFICE ADDRESS HAS BEEN  
CHANGED.**

**THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICES HAVE NOT  
BEEN RECEIVED AT OUR MAILING ADDRESS.**

**SINCERELY,**



**ROBERT LEE VAN HEYDE, PRESIDENT**