

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 27 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062804

1. Corporation Name

VAN HEYDE REALTY, INC.

2. Principal Office Address

4433 SE 12th PL

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

Zip

34471

Country

3. Mailing Office Address

4433 SE 12th PL

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34471

Country

900060964179

10/27/05--01025--010 **1050.00

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

ROBERT LEE VAN HEYDE

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

4433 SE 12th PLACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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

Robert Lee Van Heyde

REGISTERED AGENT MUST SIGN

Date Oct 26, 2005

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
PST	VAN HEYDE, ROBERT LEE	4433 SE 12th PL	OCALA FL 34471

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

Robert Lee Van Heyde

Oct 26, 2005 352-694-7114

Date

Daytime Phone #

10/31/05