

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 26 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 50459**

1. Corporation Name

**HEINZ VON ZABERN DEVELOPMENT
INC**

Principal Place of Business

Mailing Address

**1000 HWY 151 N
UNIT 700
JUPITER, FL 33477**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0276920

Applied For

Not Applied

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee req
for a Certificate of Stat

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	HEINZ VON ZABERN	1000 HWY 151 N	JUPITER, FL 33477

**000002227540--8
-07/01797--01045--008
****915.00 ****915.00**

REINSTATEMENT

8. Name and Address of Current Registered Agent

ROSEMARIE VON ZABERN

9. Name and Address of New Registered Agent

Name **HEINZ VON ZABERN**
Street Address (P.O. Box Number is Not Acceptable)
1000 CIS HWY 1N
Suite, Apt. #, Etc. **# 778**
City **JUPITER** State **FL** Zip Code **33477**

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 **6/24/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access.
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 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., and the
fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if m
under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

6/24/97 561 743-4433
Date Daytime Phone #