

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01-FEB 22 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S50459**

**1. Corporation Name**  
HEINZ VON ZABERN DEVELOPMENT, INC.

**2. Principal Office Address**  
1000 North U.S.  
Highway One

Suite, Apt. #, etc.  
Unit 766

City & State  
Jupiter, FL

Zip 33477 Country USA

WJ01000003607

**3. Mailing Office Address**  
1000 North U.S.  
Highway One

Suite, Apt. #, etc.  
Unit 766

City & State  
Jupiter, FL

Zip 33477 Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 5/03/1991

**5. FEI Number** 65 0276920  
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 Heinz Von Zabern

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

1000 North U.S. Highway One

Suite, Apt. #, Etc.

#766

City

Jupiter

State Zip Code  
FL 33477

**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 *Heinz Von Zabern*  
REGISTERED AGENT MUST SIGN

Date 2/20/2001

**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.	Heinz Von Zabern	1000 North U.S. Highway One, #766	Jupiter, FL 33477

**REINSTATEMENT**

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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:**

*Heinz Von Zabern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Heinz Von Zabern, President

February , 2001

Date

561 743 4433

Daytime Phone #