

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED
04 OCT 25 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P94000068329 1. Entity Name VAN-HART, INC. | |
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| Principal Place of Business 915 OLD DIXIE HWY SW VERO BEACH, FL 32962 | Mailing Address 6337 MORRISON BLVD. CHARLOTTE, NC 28211 US |
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| 2. Principal Place of Business 275 Riverway Dr. Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Vero Beach, FL. | City & State |
| Zip 32963 | Country USA |



10202004 REIN-P CR2E098 (6/04)

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| 4. FEI Number 65-0522507 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HARTON, JACK P 915 OLD DIXIE HWY SW VERO BEACH, FL 32962 | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 275 Riverway Dr. City Vero Beach State FL Zip Code 32963 | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jack P. Harton* **Jack P. Harton** 10/20/04
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HARTON, JACK P 915 OLD DIXIE HWY SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900042157879 10/25/04--01060--026 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HARTON, DALE V 915 OLD DIXIE HWY SW VERO BEACH, FL 32962 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack P. Harton* **Jack P. Harton** 10/20/04 7043628216
Signature and typed or printed name of signing officer or director Date Daytime Phone #