

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 12 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **562127**

1. Corporation Name

Trakostyan Foundation, Inc.

**WD1-2779**

2. Principal Office Address

445 NE 8th Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Zip

34470

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/16/1978

5. FEI Number

59-1908761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 09-01**

**7. Name and Address of Current Registered Agent**

Name

Eugene A. Wiechens

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

445 NE 8th Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

*Eugene A. Wiechens*

REGISTERED AGENT MUST SIGN

Date

2/8/2001

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
PTD	Karl A. Draskovich	7540 Gussing	Austria, Schlossgasse
V	Imre Erdoedy	7540 Gussing	Austria, Schlossgasse
V	Nikolaus Draskovich	7540 Gussing	Austria, Schlossgasse
S	Eugene A. Wiechens	445 NE 8th Avenue	Ocala, Florida 34470
VP	Maria Harmer	7540 Gussing	Austria, Schlossgasse

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:

Karl A. draskovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 10th 2000

Daytime Phone #