

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
11 NOV 10 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 453568**

1. Corporation Name

TAP, INC.

2. Principal Office Address - No P.O. Box #

1444 Willshire Court

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33904

Country

USA

3. Mailing Office Address

1342 Colonial Boulevard

Suite, Apt. #, etc.

Suite D-25

City & State

Fort Myers, Florida

Zip

33907

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1974

5. FEI Number

59-1533688

☐ 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

SSI Accounting & Tax Service, Inc.

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

1342 Colonial Boulevard

Suite, Apt. #, Etc.

Suite D-25

City

Fort Myers

State

FL

Zip Code

33907

REINSTATEMENT

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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

REGISTERED AGENT MUST SIGN

Date

11-06-2011

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
P,D	Jutta Leitherer	1444 Willshire Court	Cape Coral, Fl 33904
V,D	Elizabeth M. Zuegel	1444 Willshire Court	Cape Coral, Fl 33904

10. E-mail Address: jutta.leitherer@t-online.de

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jutta Leitherer

JUTTA LEITHERER

10-28-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #