

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 689041

1. Corporation Name

M.U. AND G.E. INVESTMENT CO.

FILED

96 NOV -7 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4003 DOLPHIN DR
4003 DOLPHIN DR
CAPE CORAL FL 33904
US

4003 DOLPHIN DR
CAPE CORAL FL 33904
US

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

2. New Principal Office Address, If Applicable

923 DOLPHIN DR.

3. New Mailing Office Address, If Applicable

923 DOLPHIN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL.

Zip

33904

Country

U.S.

Zip

33904

Country

U.S.

REINSTATEMENT

To Do Business in Florida

09/24/1996

5. FEI Number

59-2034209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
SVD	MUTKE, GUIDO	800 MUNCH	WEST GERMANY
PTD	MUTKE, MICHAEL	1037 DOLPHINE DR	CAPE CORAL FL

000002003690--1
11/13/96 01102-011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

MUTKE MICHAEL
1037 DOLPHIN DR
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name: MUTKE, MICHAEL
Street Address (P.O. Box Number is Not Acceptable): 923 DOLPHIN DR.
Suite, Apt. #, Etc.:
City: CAPE CORAL State: FL Zip Code: 33904

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

Michael Mutke
REGISTERED AGENT MUST SIGN

Date OCT. 31, 1996

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 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:

Michael Mutke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 31, 1996 941.945-3146
Date Daytime Phone