

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 NOV -8 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 689215

1. Corporation Name

M.U.G.E. INVESTMENT CORP.

Principal Place of Business

Mailing Address

1037 DOLPHIN DR  
CAPE CORAL FL 33904  
US

1037 DOLPHIN DR  
CAPE CORAL FL 33904  
US



700002006587--9

-11/18/96--01004--010

\*\*\*375.00 \*\*\*375.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2034101

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MUTKE, MICHAEL	1037 DOLPHIN DRIVE	CAPE CORAL FL
D	MUTKE, GUIDO	8000 MUNCH	MUNCH GE
PPT	MUTKE, GUIDO	8000	MUNCH GE
PVS	MUTKE, MICHAEL	1037 DOLPHIN DRIVE	CAPE CORAL FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUTKE, MICHAEL  
1037 DOLPHIN DRIVE  
CAPE CORAL FL 33904

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*

REQUIRED

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)(l), 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