

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 25 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F000000002810

1. Corporation Name

GVT GASVERSORGUNGSTECHNIK S.A.

REINSTATEMENT 03-05

05/05/03 90165-013-\$150.00

2. Principal Office Address

403 JOAN AVE STE D

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

Zip

33971

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/18/2000

5. FEI Number

98-0217397

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

J NATHAN STOUT

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

403 JOAN AVE STE D

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33971

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

1/21/05

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	MONIKA MUELLER	AM BICHLERHOF II	83646 BAD TOELZ, GERMANY

800045891338

02/03/05--01006--008 ***300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIKA MUELLER PRESIDENT

Date

Daytime Phone #

1-21-05(23) 609 587

CR2E081 (01/05)

2252

GVT Gasversorgungstechnik S.A.
403 Joan Ave Ste D
Lehigh Acres, FL 33971
239-369-5877

January 21, 2005

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re: Reinstatement

To Whom It May Concern:

Enclosed is the reinstatement form for GVT Gasversorgungstechnik S.A. and a check for \$ 300.00. The 2003 annual report was filed and paid. Per my conversation with Michelle from the Division of Corporations, 2003 annual report was rejected and a rejection letter was mailed to us in May 2003. We never received this letter or any other correspondence from the Division of Corporations as of today. Please reinstate GVT Gasversorgungstechnik S.A. and waive the reinstatement fee. If you have any questions please give our office a call. Thank you for your time and consideration.

Sincerely,



Monika Mueller
President