

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 30 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0100 0001301

1. Corporation Name

THE GIREX CORPORATION

2. Principal Office Address

11983 TAHIAHI TRAIL NORTH

3. Mailing Office Address

8905 TAHIAHI TRAIL NORTH

Suite, Apt. #, etc.

SUITE 144

Suite, Apt. #, etc.

SUITE 129

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110-1616

Country

USA

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/02

5. FEI Number

76-0289473

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

Bodo Harry Voehse

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

360 Horse Creek Dr.

200816986442
04/24/03--01091--002 **901.00

Suite, Apt. #, Etc.

Apt. 403

City

NAPLES,

State
FL

Zip Code

34110

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

Bodo H. Voehse

REGISTERED AGENT MUST SIGN

Date

04/09/03

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 |
|--------|--------------------------------------|---|--------------------------|
| Pres. | HELGA E. GIRSCHIK | 4811 ISLAND POND CT. #1201 | BONITA SPRINGS, FL 34134 |
| VP | BODO H. VOEHSE | 360 HORSE CREEK DR. #403 | NAPLES, FL 34110 |
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REINSTATEMENT 02-03 TS

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:

Bodo H. Voehse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/09/03

Daytime Phone #

239-594-9966

CR2E081 (10/02)