

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -6 PM 4:02

**DOCUMENT #** F02000001249

**1. Corporation Name**

Hans Gissinger Corp.

**2. Principal Office Address**

7700 Congress Avenue

Suite, Apt. #, etc.

#1108

City & State

Boca Raton, FL

Zip

33487

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-05  
CR2E081 (8/05)

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

March 12, 2002

**5. FEI Number**

13-3809477

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

Irwin E. Bloom

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

7700 Congress Avenue

Suite, Apt. #, Etc.

#1108

City

Boca raton

60016091375.5  
10/06/05 State 10/12/05 Zip Code 2 #1000.0  
FL 33487

**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 10/3/05

**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
PCD	Hans Gissinger	7700 Congress Avenue	Boca Raton, FL 33487
ST	Irwin E. Bloom	7700 Congress Avenue	Boca raton, FL 33487

**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:**

*Irwin E. Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/05

Date

(561) 994-1261

Daytime Phone #