

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 27 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000603458**

1. Corporation Name

EFKA Vermögensverwaltungs GmbH

2. Principal Office Address

Heresbachstrasse 17

Suite, Apt. #, etc.

City & State

42719 Solingen

Zip

Country

Germany

3. Mailing Office Address

8100 E. 22nd St. N.

Suite, Apt. #, etc.

Bldg 500

City & State

Wichita, Ks.

Zip

Country

67226

USA

REINSTATEMENT

99-00

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

5. FEI Number

98-0124189

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

STEVE JOHNSON c/o JOHNSON FINANCIAL SVCS, INC.

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

239 301 BOULEVARD EAST

Suite, Apt. #, Etc.

F

City

BRADENTON

State
FL

Zip Code

34208-4430

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

[Signature]

REGISTERED AGENT MUST SIGN

941-747-8878

Date

8-3-00

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
Director	Fritz Krups	Heresbachstrasse 17 D-42719, Solingen, Germany	9000003471279-5 -11/20/00--01149--010 ***900.00 ***900.00
Director	Michael Krups	Lochnerstr. 43	Eschmar, Germany

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]

FRITZ KRUPS

5. 22. 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #