

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **G41838**

1. Corporation Name

AMECA-FINANCING, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 129
 COCOA FL 32923-0129

POST OFFICE BOX 129
 COCOA FL 32923-0129

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
PD	SCHLUESSEL, WALTER	FLUH	SCHENKON/LU, SWITZ.
S	SCHLUESSEL, HEDI	FLUH	SCHENKON/LU, SWITZ.
VP	FEINER, BALZ	1850 TIMBERS WEST BLVD.	ROCKLEDGE FL



REINSTATEMENT

Handwritten initials and date

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1983

5. FEI Number

59-2412326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEINER, BALZ
 1850 TIMBERS WEST BLVD.
 ROCKLEDGE FL 32955

Name

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

Suite, Apt. #, Etc

City

State

FL

Zip Code

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

Handwritten signature of Balz Feiner

REGISTERED AGENT MUST SIGN

Date: 11-23-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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:

Handwritten signature V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Prefix #

CR2E040 (9/98)