

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1072
FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005987

Name and Mailing Address

0001309 01 AT 0.292 **AUTO T7 1 0615 32119-871421



GERMAN HI TECH, LLC
121 OYSTER CATCHER COURT
DAYTONA BEACH FL 32119-8714

900024490249
11/06/03--01064--004 **75.00



2. New Mailing Address

609 Pelican Bay Dr

City, State, Zip
Daytona Beach FL 32119

Principal Place of Business
52080 S NOVA ROAD
AA08
DAYTONA BEACH FL 32119

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 04/17/2001

6. FEI Number
59-3714114

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE, SUITE B-1
PORT ORANGE FL 32127

9. Name and Address of New Registered Agent

Name Simone Felver
Street Address (P.O. Box Number is Not Acceptable)
609 Pelican Bay Dr
City Daytona Beach FL 32119

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *S. B. FRIEBIS* SIGNATURE REQUIRED

Date 10-31-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	FELVER, ANDRIAS H	2090 S NOVA RD STE AA08	SOUTH DAYTONA FL 32119

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *S. B. FRIEBIS* SIGNATURE REQUIRED

Date 10-31-03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)

October 31, 2003

To whom it may concern:

I am enclosing a check for.

Annual filing of \$50.
Charge of Reg. Agent $\frac{\$25}{\$75}$

The registered agent was responsible for the form & unfortunately it was never turned over to myself to be handled.

I apologize for this inconvenience. I would appreciate abatement of any penalty and for you to reinstate my LLC.

Thank You