

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

00 JUN 30 AM 10:09

Read Instructions on Other Side Before Making Entries

FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Corporation: DOCUMENT # M52556

Cosmopolitan Clubs International, Inc.
C/O Frank Thoma
Konrad - Adenauer - Allee 35
D86150 Augsburg
Germany

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT

04-18

Date Incorporated or Qualified
To Do Business in Florida
5/21/1987

4. FEI Number
65-0366191

FEI Number Applied For
FEI Number Not Applicable

5. \$8.75 Additional Fee required
for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

Names and Street Addresses of Each Officer and/or Director

Title	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 and State
P	Frank Thoma	Konrad-Adenauer-Allee 35	D86150 Augsburg, Germany
S	Countess Patricia Von Taufkirchen	Konrad-Adenauer-Allee 35	D86150 Augsburg, Germany
			8000003328928--3 -07/20/00--01005--009 ***1650.00 ***1650.00


7. Name and Address of Current Registered Agent

Frank Thoma
4400 Gate Lane
Miami, FL 33137

8. Name and Address of New Registered Agent and/or Office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State
Zip
FL.

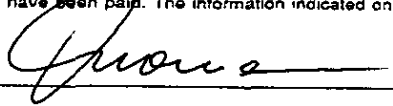
I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date: 6-27-00
REGISTERED AGENT MUST SIGN

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

1. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.) KE

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., and that all fees owed by the corporation 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 Officer or Director:  Date: 6-27-00 Daytime Phone #

Printed name of signing officer or director