

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -7 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000951

1. Corporation Name
German American Business Chamber of Florida, Inc.
c/o GATC, Inc.

JB

REINSTATEMENT 01-05

2. Principal Office Address

100 N Biscayne Blvd.

Suite, Apt. #, etc.
#2100

City & State
Miami, FL

Zip
33132

Country
Dade

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip
same

Country
same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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
Thomas Baur

Street Address (P.O. Box Number is Not Acceptable)
100 N Biscayne Blvd.

Suite, Apt. #, Etc.
#2100

City
Miami

300054214143

05/10/05--01059--006 **420.00

State
FL

Zip Code
33132

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]

Date 03-31-2005

REGISTERED AGENT MUST SIGN

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
P	Walter A. Loy	100 N Biscayne Blvd #2100	Miami, FL 33132
VP	Michael Claus	- " -	- " -
S	Det Joks	- " -	- " -
T	Nickel Goeseke	- " -	- " -

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]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

3053714282

Daytime Phone #

CR2E081 (10/02)