

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -5 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004269

1. Corporation Name

GERMAN AMERICAN COMMERCE & CULTURE SOCIETY
OF CENTRAL FLORIDA, INC.

2. Principal Office Address

P. O. Box 560342

3. Mailing Office Address

P. O. Box 560342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32856

Country

USA

Zip

32856

Country

USA

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

9/22/93

5. FEI Number

59-3202761

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

FLORIDA CORPORATE SUPPORT, INC.

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

200 E. Robinson Street, Suite 500

Suite, Apt. #, Etc.

Suite 500

City

Orlando

State

FL

Zip Code

32801

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

By:

G. Steven Brown

Ass't Secretary

Date

7/17/2000

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/D	Christian Thier	7486 Lake Marsha Drive	Orlando, Florida 32819
VP	Sara Duey	125 Technology Park	Lake Mary, Florida 32746
T	Todd Baldwin	6418 Hiddendale Avenue	Orlando, Florida 32819
Se	Martina Rolli	758 Whippoorwill Drive	Orlando, Florida 32825
D	Peter Wiest	7616 Southland Blvd, #100	Orlando, Florida 32809
D	Robert Hendry	200 E. Robinson Street, Suite 500	Orlando, Florida 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #