

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 19 AM 9:51

DOCUMENT # N93000004269

1. Corporation Name

GERMAN AMERICAN COMMERCE COUNCIL OF CENTRAL FLORIDA,
INC.

2. Principal Office Address

112 E. CONCORD STREET

Suite, Apt. #, etc.

N/A

City & State

ORLANDO, FL

Zip

32801

Country

USA

3. Mailing Office Address

112 E. CONCORD STREET

Suite, Apt. #, etc.

N/A

City & State

ORLANDO, FL

Zip

32801

Country

USA

REINSTATEMENT 02-54 TR

4. Date Incorporated or Qualified

To Do Business in Florida 09/22/1993

5. FEI Number

593202761

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

CARL-CHRISTIAN THIER

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

112 E. CONCORD STREET

Suite, Apt. #, Etc.

N/A

City

ORLANDO

State

FL

Zip Code

32801

700039301157
07/19/04-01033-006 **358.75

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

REGISTERED AGENT MUST SIGN

Date 07/09/2004

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
PD	CARL CHRISTIAN THIER	112 E. CONCORD STREET	ORLANDO, FL 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:

CARL CHRISTIAN THIER 07/09/2004

407-929-8406

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)