

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -4 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003725**

1. Corporation Name

MANFRED CONFIDENCE, INC.

Principal Place of Business

**8855 BAY VILLA COURT
ORLANDO FL 32819**

Mailing Address

**POST OFFICE BOX 22009
LAKE BUENA VISTA FL 32830**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

1617 SUNNY ST

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

Zip

FL 34741

Country

OSCEOLA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1995

5. FEI Number

☒ Applied For
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
PD	CZIERWITZKI, MANFRED	8855 BAY VILLA COURT 1617 SUNNY ST	ORLANDO FL 32819 KISSIMMEE FL 34741
D	CZIERWITZKI, MONIKA		
D	TANG, SABINE	BÖTTGERSTR. 5	NORDRISTEY, GERMANY

REINSTATEMENT

1996

U. Alan

8. Name and Address of Current Registered Agent

**CZIERWITZKI, MANFRED
8855 BAY VILLA COURT
ORLANDO FL 32819**

9. Name and Address of New Registered Agent

Name

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

1617 SUNNY ST

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-1-96**

11. 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.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

407-546-2835

Date

Daytime Phone #