

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

PLEASE ASSESS OUR  
CHECK #150 WE  
RECEIVED THE  
PREVIOUS NOTICES.  
Thank you!

DOCUMENT # P00000023089

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

MATTHIAS LUECKE, INC.

Principal Place of Business

17541 JOHNSTOWN COURT  
FT. MYERS FL 33912

Mailing Address

17541 JOHNSTOWN COURT  
FT. MYERS FL 33912

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

2. New Principal Office Address, If Applicable

7831  
Suite, Apt. #, etc.  
Reflection Cove DR. #208  
City & State  
Ft. Myers FL.

Zip  
33907

Country  
USA

3. New Mailing Office Address, If Applicable

7831  
Suite, Apt. #, etc.  
Reflection Cove DR. #208  
City & State  
Ft. Myers FL.

Zip  
33907

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/2000

5. FEI Number

59-3626906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
D	LUECKE, MATTHIAS	17541 JOHNSTOWN COURT	FT. MYERS FL 33912

600008941416

11/12/02--01122--005 \*\*150.00

8. Name and Address of Current Registered Agent

LUECKE, MATTHIAS  
17541 JOHNSTOWN COURT  
FT. MYERS FL 33912

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 #

11-5-02 / 2395941253

CR2E040 (8/02)