

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

01 NOV -2 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024826

1. Corporation Name

GERMAN ENTERPRISES, INC.

Principal Place of Business

200 NORTH DENNING DR.,STE.10  
WINTER PARK FL 32789-3736

Mailing Address

200 NORTH DENNING DR.,STE.10  
WINTER PARK FL 32789-3736

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/2000

5. FEI Number

59-3400664

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	BERMUDEZ, GERMAN A	1631 SELLENY COURT	KISSIMMEE FL 34744
D	BERMUDEZ, XIOMARA	1631 SELLENY COURT	KISSIMMEE FL 34744
D	BERMUDEZ, GERMAN	1631 SELLENY COURT	KISSIMMEE FL 34744
D	BERMUDEZ, FRANKLIN	1631 SELLENY COURT	KISSIMMEE FL 34744
500004705545--3 -12/05/01--01025--008 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

MAYORGA, AUGUST C  
200 NORTH DENNING DR.,STE.10  
WINTER PARK FL 32789-3736

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

X *Xiomara Bermudez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01 (407) 348-7609

2062

GERMAN ENTERPRISES, INC.  
1631 CELLENY COURT  
KISSIMMEE, FL 32803

OCTOBER 29, 2001

FLORIDA DEPARTMENT OF STATE  
DIV OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 33214

RE: CHARTER NUMBER P00000024826  
FEI 59-3400664

DEAR SIRs,

ATTACHED PLEASE FIND APPLICATION FOR THE CHARTER RENEWAL OF THE CORPORATION IN THE ABOVE REFERENCED. ATTACHED ALSO IS OUR CHECK FOR \$150.00.

WE ARE ASKING FOR A WAIVER ON THE ADDITIONAL FEES DUE AS A RESULT OF NOT RENEWING WITHIN THE PRESCRIBED TIME, INSAMUCH AS WE DID NOT RECEIVE ANY NOTICES AT OUR OFFICES. WE UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO MAKE SURE WE TAKE CARE OF THESE MATTERS ON A TIMELY BASIS BUT SOMEHOW WE WERE NOT AWARE.

WE WILL MAKE SURE THAT IN THE FUTURE THIS DOES NOT HAPPEN AGAIN. WE THANK YOU FOR YOUR UNDERSTANDING AND POSITIVE RESPONSE TO OUR REQUEST.

SINCERELY YOURS,

*Xiomara Bermudez*  
Xiomara BERMUDEZ  
SECRETARY  
GERMAN ENTERPRISES, INC.