

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 PM 2:57

DOCUMENT # **P00000027583**

1. Corporation Name

Howard Koenigst Inc

2. Principal Office Address

3. Mailing Office Address

5881 NW 48 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coconut Creek FLA

Zip

Country

Zip

Country

33073

Broward

33073

USA

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

01/20/01

5. FEI Number

650991354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Howard Koenigst

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

5881 NW 48 LANE

Suite, Apt. #, Etc.

Coconut Creek FL

City

Coconut Creek

700018018137

05/05/03--01098--018 **300.00

State

Zip Code

FL

33073

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

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
VP,	Howard Koenigst	5881 NW 48 LANE	Coconut Creek FL 33073
ST	Michael Koenigst	5881 NW 48 LANE	Coconut Creek FL 33073

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

4/30/03

Date

(954) 426-0732

Daytime Phone #

CR2E081 (10/02)

2/2

TO whom it May Concern

we never received the 2002

UBR for 2002.

Thank You for Your Cooperation
Hend Ko. Shiff