

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000028662

1. Corporation Name

KOPPERZUL, INC.

Principal Place of Business

**4910 14TH AVE. SW
NAPLES FL 34116**

Mailing Address

**4910 14TH AVE. SW
NAPLES FL 34116**

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

03/16/2001

5. FEI Number

☒ 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	KOPPER, HERMANN	4910 14TH AVE. SW	NAPLES FL 34116
D	KOPPER, MARIA E	4910 14TH AVE. SW	NAPLES FL 34116

8. Name and Address of Current Registered Agent

**PINTER, MICHAEL R ESQ.
4328 CORPORATE SQ., SUITE C
NAPLES FL 34104**

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

REGISTERED AGENT MUST SIGN

Date

10/21/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KOPPER 10/21/02
(239) 348-8028

CR2E040 (8/02)

Miami, October 29, 2002

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sending a check in the amount of \$158.75 for the Uniform Business Report of Kopperzul, Inc for the year 2002 plus a request of a certificate of status.

Kindly accept my filing at this time because I never received the Uniform Business Report forms or notices until al receive the Notice of Administrative Dissolution. I hope you can accept my request to abate any penalty.

Very truly yours,


Maria E Kopper
Director