


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION**  
**REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000059756*

1. Corporation Name

*Bernd Preissinger Corp.*

600020256296  
05/23/03--01068--035 \*\*\*300.00

2. Principal Office Address

*1622 S.E. 40th Terr*

Suite, Apt. #, etc.

3. Mailing Office Address

*2221 SW 43rd Lane*

Suite, Apt. #, etc.

City & State

*Cape Coral FL*

Zip

*33904*

Country

*USA*

City & State

*Cape Coral FL*

Zip

*33914*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*Shelly A. Derouen*

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

*12730 New Brittany Blvd*

Suite, Apt. #, Etc.

City

*Ft Myers FL 3*

State

*FL*

Zip Code

*33907*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*4/24/03*

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
<i>ASTD</i>	<i>Bernd Preissinger</i>	<i>1622 S.E. 40th Terr</i>	<i>Cape Coral FL 33904</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*20 Apr 03*

Daytime Phone #

Attachment

payable

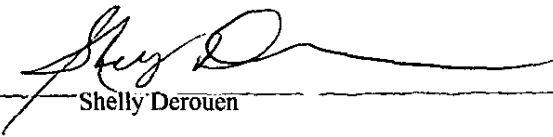
April 21, 2003

RE: Bernd Preissinger Corp  
P01000059756

Please be advised that Form UBR was not received for the above referenced corporation. Please find enclosed a reinstatement form and a check in the amount of \$300.00.

Should you have any questions, you may reach me at (239)410-4877.

Sincerely,



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Shelly Derouen