

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 26 AM 8:48

STATE  
FLORIDA

DOCUMENT # P01000072771

1. Corporation Name

Wartburg Enterprises, Inc

**REINSTATEMENT** 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

12248 FM 1485

3. Mailing Office Address

12248 FM 1485

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Conroe, TX

City & State

Conroe, TX

Zip

77306

Country

Montgomery

Zip

77306

Country

Montgomery

4. Date Incorporated or Qualified  
To Do Business in Florida

7/24/01

5. FEJ Number

90-0186735

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

Grant Kaplan

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

7200 W. Camino Real

Suite, Apt. #, Etc.

#102

City

Boca Raton

State

FL

Zip Code

33433

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

06/20/07

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
<u>Pres</u>	<u>R. GENGERS</u>	<u>7200 W. Camino Real, #102</u>	<u>Boca Raton, FL 33433</u>
<u>Vice Pres</u>	<u>M. Buchanan</u>	<u>12248 FM 1485</u>	<u>Conroe, TX 77306</u>
<u>Vice Pres</u>	<u>H. Dammann</u>	<u>11392 Ward Rd.</u>	<u>Conroe, TX 77306</u>

600104861936

06/26/07 01025 015 \*\*1203.75

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 contained in Chapter 119, 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

Mark Buchanan

Date

6/17/07

Daytime Phone #

832-276-6693