

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000072771

1. Corporation Name

WARTBURG ENTERPRISES, INC.

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

130 NE 4TH AVENUE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLORIDA

Zip

33441

Country

USA

3. Mailing Office Address

12248 FM 1485

Suite, Apt. #, etc.

City & State

CONROE, TEXAS

Zip

77306

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2001

5. FEI 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)  
130 7200 W. CAMINO REAL

Suite, Apt. #, Etc.  
102

City  
BACO 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 10/13/09

**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
PRES.	R. GERBERS	7200 W. COMINO REAL, # 102	BOCA RATON, FL. 33433
V.P	M. BUCHANAN	12248 FM 1485	CONROE, TX. 77306
V.P	H. DAMMANN	11392 WARD ROAD	CONROE, TX. 77306

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

10/12/2009

Date

832-276-6693

Daytime Phone #

FILED

09 OCT 13 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400161834814  
10/16/09--01038--013 \*\*158.75

400161834814  
10/16/09--01038--012 \*\*3207.00

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