

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 26 PM 2:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000065426

1. Corporation Name

AMERICAN GERMAN LEASE, INC.

858 Haskell St. E

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

2617 14TH STREET WEST

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip

33971

Country

3. Mailing Office Address

3665 BONITA BEACH ROAD

Suite, Apt. #, etc.

SUITE 3

City & State

BONITA SPRINGS, FL

Zip

34134

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2002

5. FEI Number

01-0714677

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

ALLURE ACCOUNTING, LLC

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

3665 BONITA BEACH ROAD

Suite, Apt. #, Etc.

SUITE 3

City

BONITA SPRINGS

State  
FL

Zip Code  
34134

☒ 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

*H. Koff*

Date 01/16/08

REGISTERED AGENT MUST SIGN

**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
P	POUPA, ROUAI	HASKOVA 410	LIBEREC, CZ 46006
<del>POUPA</del> P	Verna Katsch	858 Haskell St E	33971 Lehigh Acres FL
<del>POUPA</del>			

REINSTATEMENT DO-08 B 3/27/08

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:

*V. Katsch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/2008

Date

239-992-3355

Daytime Phone #