

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099849

1. Corporation Name

KOEHLER ENTERPRISE, INC.

Principal Place of Business

Mailing Address

4498 WEEPING WILLOW CIRCLE  
CASSELBERRY FL 32707

4498 WEEPING WILLOW CIRCLE  
CASSELBERRY FL 32707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2002

5. FFL Number

351-2138652

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	KOEHLER, TRUMAN L	5222 WINDING BROOK ROAD	CHARLOTTE NC 28226
D	KOEHLER, MARK S	4498 WEEPING WILLOW CIRCLE	CASSELBERRY FL 32707
D	KOEHLER, JEFF	8 WILLIAM WAY	LONG VALLEY NJ 07853

300025883893  
01/13/04--01090--018 \*\*150.00

300025883893  
12/31/03--01024--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOEHLER, MARK S  
4498 WEEPING WILLOW CIRCLE  
CASSELBERRY FL 32707

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

*Mark S. Koehler*  
REGISTERED AGENT MUST SIGN

Date

12/26/03

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:

*Mark S. Koehler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/03

**Mark S. Koehler**  
**4498 Weeping Willow Circle**  
**Casselberry, FL 32707**  
**407-491-7233 cellular or e-mail MarkFloorGuy@aol.com**

**December 26, 2003**

**Division of Corporations**  
**Annual Report/Reinstatement Section**  
**P.O. Box 6327**  
**Tallahassee, FL 32314-6327**

**RE: Application for Reinstatement - Document # P02000099849**

**I really learned of this "Administrative Dissolution" when I recently did some banking to my business account. I then went through my file and found your "paperwork".**

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**Koehler Enterprise Inc. at this time is simply a informational website getting ready to launch through search engines on the internet. This business venture has only incurred expenses and our time to date- we have not made any money.**

**Nonetheless, I never received the Annual Report "paperwork" to stay current with the State of Florida.**

**I have enclosed a check for \$150.00 per your notes of prior UBR notices were not received. Also please advise how Koehler Enterprise Inc. can get a Tax ID. #.**

**I appreciate your time and consideration.**

**Submitted by,**



**Mark S. Koehler**