

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TRAKKER MAPS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$K200.00

\$600.00

Please see the check for waiving the reinstatement fees.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

09 DEC -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20998

1. Corporation Name

Trakker Maps, Inc.

REINSTATEMENT

CR2E081 (11/09)

06-09

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

36-36 33rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

36-36 33rd Street

Suite, Apt. #, etc.

City & State

Long Island City, NY

City & State

Long Island City, NY

Zip

11106

Country

USA

Zip

11106

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-21-1988

5. FEI Number

65-0061214

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/9/09

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
D	Andreas Langenscheidt	Mies-van-der-Rohe-Strasse 1	80807 Munich, Germany
D	Karl-Heinz Kragler	Mies-van-der-Rohe-Strasse 1	80807 Munich, Germany
P	Marc Jennings	36-36 33rd Street	Long Island City, NY 11106
VP/T	Charles Generelli	36-36 33rd Street	Long Island City, NY 11106
S	Edward Tanenbaum	90 Park Avenue	New York, NY 10016

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Marc Jennings, President

12-7-09

718-784-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31665505

DEC 9 2009