PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 JAN 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000756

1. Corporation Name

F.V.S.K.C. Corp.

REINSTATEMENT 2002-12

300212864263
01/17/12--01035--006 **2285.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Im Schoenower Park 8	Im Schoenower Park 8
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Berlin, Germany	City & State: Berlin, Germany
Zip: D-14167 / Country: Germany	Zip: D-14167 / Country: Germany

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/1994

5. FEI Number: 65-0465275 ☐ 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: Thomas Baur

Street Address (P.O. Box Number is Not Acceptable): 100 North Biscayne Blvd.

Suite, Apt. #, Etc.: Suite 2100

City: Miami | State: FL | Zip Code: 33132

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: _____ Date: 1/11/2012

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
D	Veronika Kasper	Im Schoenower Park 8	D-14167 Berlin, Germany
D	Christian Kasper	Prinz-Handjery Str. 67	D-14167 Berlin, Germany

10. **E-mail Address:** trarteaga@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S

SIGNATURE: Tanya L. Arteaga Attorney in Fact Tanya Arteaga, ESQ. Jan. 11, 2012. 305-377-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AJR