

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
B. M. ...
Secretary of State
DIVISION OF CORPORATIONS

98 AR 199AR

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DOCUMENT # P94000029131

1. Corporation Name

ACTINVEST, INC.

99 FEB 18 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18551 NORTH TAMiami TRAIL
NORTH FT. MYERS FL 33903

Mailing Address

18551 NORTH TAMiami TRAIL
NORTH FT. MYERS FL 33903



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

2. New Principal Office Address, If Applicable

~~100 Hancock Bridge~~
~~Suite, Apt. #, etc.~~
~~D15-343~~
~~Cape Coral FL~~
~~Zip~~
~~33991~~
~~Country~~
~~USA~~

3. New Mailing Office Address, If Applicable

~~100 Hancock Bridge~~
~~Suite, Apt. #, etc.~~
~~D15-343~~
~~Cape Coral FL~~
~~Zip~~
~~33991~~
~~Country~~
~~USA~~

4. Date Incorporated or Organized
To Do Business in Florida

02/23/99 - 01038 - 007

5. FEI Number

65-0485685

****150.00

****150.00

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	LACHER, HANSPETER	100 Hancock Bridge 18551 NORTH TAMiami TRAIL Unit D15-343	Cape Coral, FL 33991 NORTH FT. MYERS FL 33903
DST	LACHER, ROSEMARY	100 Hancock Bridge 18551 NORTH TAMiami TRAIL Unit D15-343	Cape Coral, FL 33991 NORTH FT. MYERS FL 33903

8. Name and Address of Current Registered Agent

WAGLE, HAROLD H.
18551 NO TAMiami TRAIL
N. FT. MYERS FL 33908

9. Name and Address of New Registered Agent

Name LACHER, Hans Peter
Street Address (P.O. Box Number is Not Acceptable) ~~100 Hancock Bridge~~
Suite, Apt. #, Etc. ~~Unit D15-343~~
City ~~Cape Coral~~ State FL Zip Code 33991

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

03-2040 (9/98)

(2)

ACTINVEST

106 Hancock Bridge Parkway Unit D15-543

Cape Coral, FL 33991

(941) 731-2700 Telephone (941) 283-8754 Telefax

January 31, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

I spoke with your office in regards to the \$150 reinstatement fee. As you can see from the original documentation, the date the form was signed was December 17, 1998. The check date was the 12th of December. As soon as the form was signed it was mail to you from Cape Coral, Florida. This was before January 1, 1999. The form was mailed back to us because the Registered Agents address cannot be outside of Florida. We made the change and immediately sent the form back to you.

We firmly believe that the \$150 reinstatement fee should be waived since we did not know the address of the registered agent had to be within Florida.

We thank you in advance for your consideration.