

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

03 JAN 15 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029131**

1. Corporation Name

ACTINVEST, INC.

Principal Place of Business

106 HANCOCK BRIDGE
D15-543
CAPE CORAL FL 33991

Mailing Address

106 HANCOCK BRIDGE
D15-543
CAPE CORAL FL 33991



2002-2003 UBR

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

4. Date Incorporated or Qualified To Do Business in Florida

04/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0485685

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	LACHER, HANSPETER	106 HANCOCK BRIDGE, UNIT D15-543	CAPE CORAL FL 33991
DST	LACHER, ROSEMARY	106 HANCOCK BRIDGE, UNIT D15-543	CAPE CORAL FL 33991

500010126375
01/15/03 01042 008 \$750.00

8. Name and Address of Current Registered Agent

LACHER, HANS-PETER
106 HANCOCK BRIDGE
UNIT D-15-543
CAPE CORAL FL 33991

9. Name and Address of New Registered Agent

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

Hans Peter Lacher
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/12/03

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:

Hans Peter Lacher
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/03

CR2E040 (8/02)

2052

ACTINVEST, INC.

106 Hancock Bridge Parkway

Unit D15-543

Cape Coral, FL 33991

January 10, 2003

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

Re: 2002 Application of Reinstatement

Dear Sir/Madam:

Enclosed is a check for \$750 to reinstate my 2002 annual filing. According to our records we mailed check number 9921 on 3/31/02. We were in Switzerland, mailed and signed the return from there. When coming back to the United States, we received your notification that payment was not received.

We have always paid in time. I am not sure what happened to the original check we mailed. I would like to have consideration of applying our check to future annual filings due to the mix up in the mail system from Switzerland to the U.S.

Please advise.

Sincerely,


Hans-Peter Lacher