

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000091360

1. Corporation Name

German Specialist, Inc.

W-9782

2. Principal Office Address

27565 Garrett Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip Country

34135

Zip Country

34133

**REINSTATEMENT 05-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1994

5. FEI Number

65-0552098

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

JAMES W. AMBURN

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

28000 SPANISH WELLS BLVD.

Suite, Apt. #, Etc.

000003230410-7

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\*\*\*1500.00 \*\*\*1500.00

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

*James W. Amburn*  
REGISTERED AGENT MUST SIGN

Date 4/21/00

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	MICHAEL LANGENHAGEN	27565 GARRETT STREET	BONITA SPRINGS, FL 34135

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10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/98)