

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P95000014877**

1. Corporation Name

Ersigor Corporation

Mailing Address

Principal Place of Business

709 Cape Coral Pkwy, W. Cape Coral, FL 33914

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

2. New Mailing Address, If Applicable

1105 Cape Coral Pkwy.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. New Principal Office Address, If Applicable

1105 Cape Coral Pkwy.

Suite, Apt. #, etc.

Suite C

City & State

Cape Coral, FL

Zip

33904

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/22/95

5. FEI Number

65-0644517

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Gorfer, Erich	Waidaeckergasse 21 C	A-1160 Vienna, Austria

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

Seemann, Ernest A.  
4729 Del Prado Boulevard  
Cape Coral, FL 33904

9. Name and Address of New Registered Agent

Name

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

1105 Cape Coral Pkwy, East

Suite, Apt. #, Etc.

C

City

Cape Coral,

State

FL

Zip Code

33904

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

*E. Seemann*

REGISTERED AGENT MUST SIGN

Date 2/12/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for additional information.)

12. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Erich Gorfer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erich Gorfer

2/12/99

Date

(941) 945-4085

Daytime Phone #

CR2E040 (6/94)