

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024591

1. Corporation Name

ECKHARD III - INDUSTRIES, INC. (USA)

Principal Place of Business

Mailing Address

388 SOUTH MILITARY TRAIL
C/O JOHN KURTZ ATTORNEY AT LAW
WEST PALM BEACH FL 33415
US

388 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1995

5. FEI Number

65-0746077

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
1	2	3	4
DP	BILLER, ECKHARD	388 SOUTH MILITARY TRAIL	WEST PALM BEACH FL
VST	BILLER, SONJA	338 SOUTH MILITARY TRAIL	WEST PALM BEACH FL 33415
VM	BAKERDJIAN, HAGOP	388 SOUTH MILITARY TRAIL	WEST PALM BEACH FL 33415
DV	FROELICH, JOHN F	12773 FOREST HILL BLVD #1201	WELLINGTON FL
DQ DV	KURTZ, JOHN D	388 S MILITARY TRAIL	WEST PALM BCH FL
	8000002746909-8 -01/19/99--01142--021 ****150.00 ****150.00		8000002746909-8 -01/19/99--01142--023 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State	Zip Code
BILLER, ECKHARD	2309 IDA WAY		WEST PALM BEACH FL 33415	FL	

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

SIGNATURE REQUIRED

Date

12/29/98

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/98 561-684-0550

FILED

99 JAN 11 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

CR2ED40 (9/98)