

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 # **996000064452**

1. Corporation Name

Stueber-Kirk Corporation

Principal Place of Business

Mailing Address

**4745 Estero Blvd. #401
Ft. Myers Beach, FL 33931
USA**

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.

c/o Petra Dumais

City & State

920 S.E. 16th Street

Zip

Country

Zip

Country

33990

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/96

5. FEI Number

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
PST	Gerda Stueber	Falltorstrasse 60	74172 Neckarsulm Germany
VP	Erich Stueber	Falltorstrasse 60	74172 Neckarsulm Germany

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301**

Name

Petra Dumais

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

920 S.E. 16th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

Petra Dumais

REGISTERED AGENT MUST SIGN

Date

9/28/98

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:

Gerda Stueber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

Date

941-463-6555

Daytime Phone #

CR2ED40 (1/98)