

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 # **P96000040936**

1. Corporation Name

STEEL FIN USA, INC.

Principal Place of Business

**4714 DEL PRADO BLVD.
CAPE CORAL FL 33904**

Mailing Address

**4714 DEL PRADO BLVD.
CAPE CORAL FL 33904**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1996

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)

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	SCHMIDBAUER, JORG H	UMSTR. 18 D-45239	ESSEN GERMANY
D	MICHAEL, THOMAS	HEISSENER STR. 53,D-45468	MUHLHEIM GERMANY

**700002385347--9
-12/30/97--01024--001
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

**SEEMANN, ERNEST A
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904**

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.

Signature of
Registered Agent

[Signature of Ernest A. Seemann]
REGISTERED AGENT MUST SIGN

Date **12/10/97**

ERNEST A. SEEMANN

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 of Thomas Michael]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS MICHAEL

11-27-97 01149-268-445468

Date

Daytime Phone #

FILED

97 DEC 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Mad

CR2E040 (8/97)