

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 27 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054481

1. Corporation Name

HOST CONSULTING, INC.

Principal Place of Business

Mailing Address

2813 SW 43RD STREET
CAPE CORAL FL 33914

~~2813 SW 43RD STREET~~
~~CAPE CORAL FL 33914~~



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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1996

Suite, Apt. #, etc.

C/O Thomas W. Hill
1318 Lafayette Street

5. FEI Number

Applied For

City & State

City & State
Cape Coral Florida

65-0752007

Not Applicable

Zip

Country

Zip

Country

33904

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
P, S, T, D	Jochen Strack	Chemnitzer Str. 4	35415 Pohlheim / Germany
D	Harald Hohlweck	Paul-Schneider-Str. 16	35428 Langgöns / Germany
VP, D	Ursula Mock	Egen 8	45549 Sprockhövel / Germany
D	Theo Mock	Gelber Stein 1	35104 Lichtenfels / Germany
			000002475040--8 -04/01/98--01052--001 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIPSHUTZ, ROBERT M
3813 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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

Robert M. Lipshutz

REGISTERED AGENT MUST SIGN

Date 3/24/98

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.

011-49-06403-95290

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harald Hohlweck 3/24/98

Date

Daytime Phone #

CR25040 (8/97)