

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000081608 (7)

1. Corporation Name

LEISSER TRADING COMPANY

2. Principal Office Address

Hauptplatz 29

Suite, Apt. #, etc.

A-2070 RETZ

City & State

Zip

Country

AUSTRIA

3. Mailing Office Address c/o

J. Wantland, CPA

Suite, Apt. #, etc.

2100 9th St. No., Ste B

City & State

St. Petersburg, FL

Zip

Country

33704

U.S.A.

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-02-96

5. FEI Number

59-3436808

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wantland, Jacqueline

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

2100 9th Street North,

Suite, Apt. #, Etc.

Suite B

City

St. Petersburg,

State
FL

Zip Code

33704

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jacqueline Wantland
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEISSER, WINFRIED	HAUPTPLATZ 29, A-2070 RETZ	AUSTRIA
D	LEISSER, ILSE	HAUPTPLATZ 29 A-2070 RETZ	AUSTRIA
D	LEISSER, KLAUS	HAUPTPLATZ 29 A-2070 RETZ	AUSTRIA

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-15-00 727.923.5884

CR2E081 (9/99)