

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 10 PM 2:23

DOCUMENT # P97000002548

1. Corporation Name

J. HEINRICH CORPORATION

Principal Place of Business

12247 LONDONDERRY LANE  
BONITA SPRINGS FL 33923

Mailing Address

12247 LONDONDERRY LANE  
BONITA SPRINGS FL 33923

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

01/06/1997

5. FEI Number

APPLIED FOR

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	4 City / State / Zip
DPT	HEINRICH, JOSEPH	ZUM SPITZEN BAUM 12, 68663	MERZIG-SCHWEMLINGEN, GERMANY
S	HEINRICH, SIMONE HEINRICH	ZUM SPITZEN BAUM 12 BAUM	MERZIG-SCHWEMLINGEN 68663, GERMANY

200003053212--3  
-11/23/99--01058--025  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

SEEMANN, ERNEST A  
1105 CAPE CORAL PKWY EAST  
SUITE C  
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name  
Christine F. Wright  
Street Address (P.O. Box Number is Not Acceptable)  
1105 Cape Coral Pkwy East  
Suite, Apt. #, Etc.  
Suite C  
City  
Cape Coral  
State  
FL  
Zip Code  
33904

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

*Christine F. Wright*  
REGISTERED AGENT MUST SIGN

Date 10/28/99

11. 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:

*Josef Heinrich* JOSEF HEINRICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24. Oct. 99

AD

CR2E040 (9/99)