

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
Tara B. Morkin
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 11 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026512

1. Corporation Name

HARTL CORPORATION

Principal Place of Business

Mailing Address

SEEHAUSER STRASSE 46
RUHPOLDING GERMANY 83324

SEEHAUSER STRASSE 46
RUHPOLDING GERMANY 83324

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

90 E Lena H. Bullock
4119 Green Tree Ave
Sarasota, FL
84283

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1997

5. FEI Number

59-341 2719

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
P	HARTL, JOSEF	SEEHAUSER STRASSE 46	RUHPOLDING GERMANY 83324
V	HARTL, WENZEL	AN DER AU 5	RUHPOLDING GERMANY 83324
T	HARTL, JAROSLAW	HAUPTSTRASSE 32	RUHPOLDING GERMANY 83324

000002905250--3
-06/15/99--01074--006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTICE, RALPH J
2620-A MANATEE AVENUE WEST
BRADENTON FL 34205

Name

HARALD B. BENZ

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

2620-C MANATEE AVENUE WEST

Suite, Apt. #, Etc.

SUITE C

City

BRADENTON

State

FL

Zip Code

34205

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

Josef Hartl

REGISTERED AGENT MUST SIGN

Date

2-6-99

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 filed 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Josef Hartl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)