

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P97000034772**

1. Corporation Name

**ALTMARK INDUSTRIES INTERNATIONAL CORPORATION**

Principal Place of Business

200 EAST LAS OLAS BLVD., SUITE 1900  
FT. LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD., SUITE 1900  
FT. LAUDERDALE FL 33301

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1997

5. FEI Number

52-2050904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR  
COMPLETION OF THIS SECTION

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HEINEN, PETER	JOHANN HEINRICH PLATE 11	50935 KOLN GE
CDS	ZILKENS, JOHANNES	NIDEGGER STR 10	50937 KOLN GE
TD	WITTER, ALFRED	FRIEDRICH SCHMIDT STR 64B	50933 KOLN GE
VD	GATZKE, HAROLD	AM SANNER WEG 3	39596 HASSEL OT
VD	ZINSSER, WALTER	71 PARK STREET	LONDON W LY 3 HO UK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, JAMES M ESQ.  
200 EAST LAS OLAS BLVD., SUITE 1900  
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State

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]*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-09-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER HEINEN

Oct. 27th 1999

Date

Daytime Phone #

011-44-221-9440850

FILED

99 NOV 15 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

0025040 (0/99)

KE