

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97000058779

1. Corporation Name

German-Florida Trading Inc.
DoE-#

2. Principal Office Address - No P.O. Box #

14100 Duke Hwy

Suite, Apt. #, etc.

City & State

ALVA FL

Zip

33920

Country

USA

3. Mailing Office Address

14100 Duke Hwy

Suite, Apt. #, etc.

City & State

ALVA FL

Zip

33920

Country

USA

REINSTATEMENT

06-08

CR2E081 (1/07)

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

07-03-1997

5. FEI Number

593458615

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

EBERLE, Hubert

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

14100 Duke Hwy

Suite, Apt. #, Etc.

City

ALVA

State

FL

Zip Code

33920

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Hubert Eberle

REGISTERED AGENT MUST SIGN

Date 01-24-08

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
P	Hubert Eberle	14100 Duke Hwy	ALVA FL 33920

300116586523
01/31/08--01039--009 ***458.75

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 contained in Chapter 119, 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:

Hubert Eberle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-08

Date

239-694-2040

Daytime Phone #

1/31aw