

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 PM 12:01

DOCUMENT # P97000063403

1. Corporation Name

MOLDAU TRADE, INC.

Principal Place of Business

Mailing Address

**640 BELL BLVD.
LEHIGH ACRES, FL 33970**

**6371-4 PRESIDENTIAL COURT
FT. MYERS, FL 33919**

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

7/22/97

5. FEI Number

65-0776942

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 D	VLADIMIR UHER	640 BELL BLVD.	LEHIGH ACRES, FL 33970
V	DANA SPLECHTOVA	640 BELL BLVD.	LEHIGH ACRES, FL 33970
			300003312443--6
			07/05/00 01013-016
			****308.75 ****308.75
			6/14/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**P. CHRISTOPHER JAENSCH
2198 MAIN STREET
SARASOTA, FL 34237**

Name

ANDREW G. JESSEN

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

6371-4 PRESIDENTIAL COURT

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33919

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

Andrew G. Jessen

REGISTERED AGENT MUST SIGN

Date

6/14/00

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 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

VLADIMIR UHER

Date

6/14/00

Daytime Phone #

(941) 369-0300

CP2ED40 (1/98)