

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000087615

1. Corporation Name

EBERSBERGER COMPANIES, INC.

Principal Place of Business

Mailing Address

15440 GREENOCK LANE
FORT MYERS FL 33912

15440 GREENOCK LANE
FORT MYERS FL 33912

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:32



REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3461 Bonita Bay Blvd 3461 Bonita Bay Blvd.

Suite, Apt. #, etc.

Ste. 108

Suite, Apt. #, etc.

Ste. 108

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1997

5. FEI Number

59-3471760

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	EDERSBERGER, ADOLPH	15440 GREENOCK LN	FT MYERS FL 33912
VP	EDERSBERGER, LINDA	15440 GREENOCK LN	FT MYERS FL 33912

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDERSBERGER, ADOLPH W
15440 GREENOCK LANE
FORT MYERS FL 33912

Name

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

3461 Bonita Bay Blvd,

Suite, Apt. #, Etc.

Ste. 108

City

Bonita Springs

State

FL

Zip Code

34134

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

Linda Chersberger
(REGISTERED AGENT MUST SIGN)

Date 5/28/01

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

Date

5/28/01

Daytime Phone #