

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


05 DEC 20 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 0405

10/21/05 01053 022-  
CR2E081 (8/05) \$1750.00

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P97000095124

1. Corporation Name

Voelkl Southwest, Inc.

2. Principal Office Address

1222 Southeast 47th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2926 SW Santa Barbara Pl.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida 33904

Zip

33904

Country

U.S.

Zip

33904

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1997

5. FEI Number

650793972

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

Wilhelm Engel

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

1222 Southeast 47th Street

Suite, Apt. #, Etc.

City

Cape Coral, Florida

State

FL

Zip Code

33904

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

*Wilhelm Engel*

REGISTERED AGENT MUST SIGN

Date 12.15.05

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
D	Werner Voelkl	2926 Southwest Santa Barbara Place	Cape Coral, Florida 33914
VP	Horst Reinicke	2926 Southwest Santa Barbara Place	Cape Coral, Florida 33914
S	Wilhelm Engel	1222 Southeast 47th Street	Cape Coral, Florida 33904

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 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

12.15.05

Date

Daytime Phone #

WDS - 48802