

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:38

DOCUMENT # P98000005029

1. Corporation Name
KOMPRESS, INC.

Principal Place of Business Mailing Address
2110 CLEVELAND AVENUE 2110 CLEVELAND AVENUE
FORT MYERS FL 33901 FORT MYERS FL 33901



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

3/26/99 90011 026 150.00

2. New Principal Office Address, If Applicable 820 N.E. 24th LANE Suite, Apt. #, etc. #105		3. New Mailing Office Address, If Applicable 820 N.E. 24th LANE Suite, Apt. #, etc. #105		4. Date Incorporated or Qualified To Do Business in Florida 01/15/1998	
City & State CAPE CORAL FL		City & State CAPE CORAL FL		5. FEI Number 65-0830961	
Zip 33909	Country LEE	Zip 33909	Country LEE	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
PD	SIGGS, ALAN DAVID	LITTLE TENNIS STREET	NOTTINGHAM NG2 4EL UK
VPTD	CURTIS, RICHARD STEVEN	LITTLE TENNIS STREET	NOTTINGHAM NG2 4EL UK
SD	MARELL, LARS G	221 N.E. 10TH TERRACE	CAPE CORAL FL 33990

8. Name and Address of Current Registered Agent LEVY, KIM ESQ 2110 CLEVELAND AVENUE FORT MYERS FL 33901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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]* Date 10-13-99
REGISTERED AGENT MUST SIGN

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]* 10-13-99 911-573818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

AD



KOMPRESS, INC.

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Cape Coral October 13, 1999

Dear Representative

It was nice talking to you today. As I understand from what you said we have filled in the form and you got it. the problem was that we did not give you the FBI number. You sent a letter request5ing that, but we of some reason did not get that letter. We have moved the Principal office and I know some letter still got to the old address and some were forwarded as they should..

Enclosed you will find the form you sent with the FBI number.

Thank you for your corporation.


Lars G. Marell, VP