

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000010818

Corporation Name

BOMERK CORPORATION

1. Principal Office Address

1421 SW 57th Street

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

Country

USA

3. Mailing Office Address

1421 SW 57th Street

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

Country

33904

USA

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

2/2/1998

5. FEI Number

☒ 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

Darrin R. Schutt

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

1105 Cape Coral Parkway

Suite, Apt. #, Etc.

Suite C

City

Cape Coral

State

FL

Zip Code

33904

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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

REGISTERED AGENT MUST SIGN

Date

12/14/01

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	Juergen Merkel	1421 SW 57th Street	Cape Coral, Fl 33914
D, p	Magdalena Bohn	1421 SW 57th Street	Cape Coral, Fl 33914

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

Magdalena Bohn, Pres.

Date

12/12/01

Daytime Phone #

011-49-6031-718683