

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JUL 18 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000022946

1. Corporation Name

Danto Tourism, Inc.

2. Principal Office Address

August-Sommer-Str.20

Suite, Apt. #, etc.

City & State

Bad Driburg

Zip

33014

Country

Germany

3. Mailing Office Address

August Sommer Str. 20

Suite, Apt. #, etc.

City & State

Bad Driburg

Zip

33014

Country

Germany

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

3/9/98

5. FEI Number

65-0899288

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. Schütt, Esq.

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

110 Cape Coral Parkway East

Suite, Apt. #, Etc.

Suite C

City

Cape Coral

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

REGISTERED AGENT MUST SIGN

Date 6/14/01

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 | Thomas Gaub | August Sommer Str. 20 | D-33014 BadDriburg Germany |
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REINSTATEMENT

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

Thomas Gaub, Director

Date

6/14/01

Daytime Phone #

CR2E081 (9/00)