

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

[Handwritten signature]

FILED

99 NOV 19 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000025736**

1. Corporation Name

WESTFALIA ASSET MANAGEMENT, INC.

Principal Place of Business

45 WEST TARPON AVENUE
TARPON SPRINGS FL 34689

Mailing Address

45 WEST TARPON AVENUE
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1998

5. FEI Number

65-0839735

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | ABRAHAM, PETER K | 3829 48TH AVENUE SOUTH | ST. PETERSBURG FL 33711 |
| D | ABRAHAM, VERA K | 3829 48TH AVENUE SOUTH | ST. PETERSBURG FL 33711 |
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| | | | |

600003059996 SP7

12/03/99 01063 002

****150.00 ****150.00

8. Name and Address of Current Registered Agent

UNBEHAGEN, ROGER J
45 WEST TARPON AVENUE
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

10/11/99

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

10/11/99

Daytime Phone #

2

WESTFALIA ASSET MANAGEMENT, INC.
45 WEST TARPON AVENUE
TARPON SPRINGS, FL 34689

October 15, 1999

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

Subject: Westfalia Asset Management, Inc.
Document # P98000025736

RE: Administrative Dissolution

Dear Sir/Madam:

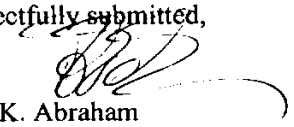
We received the Notice of Administrative Dissolution today and were alarmed that we had never filed the required annual report. After checking with our previous attorney, we found, as the Registered Agent, he never forwarded the previous two notices to our attention. And since this is our first experience with the filing requirements, we were not aware of the State's annual filing requirements.

In addition, we are German nationals and not fully knowledgeable of such matters. Further, we changed our Registered Agent after the filing date expired to assure a more responsible Registered Agent to properly advise of us such important matters.

Due to the fact we did not receive the annual filing documents from our previous Registered Agent, the fact that this is our first time in dealing with such matters, and the fact we are foreign nationals, we kindly request your abatement of all late penalties associated with non-filing.

Enclosed is check for \$ 150.00 for the annual filing fee. We appreciate your kind consideration for our abatement request.

Respectfully submitted,


Vera K. Abraham
Director