

PLEASE READ ALL INSTRUCTIONS BEFORE COM



FLORIDA DEPARTMENT OF STATE

Ke-the-fine-har  
Secretary of State  
VISION OF CORP ORATION

FILED  
May 10 2000 8:00 am  
Secretary of State

DOCUMENT # P98000029313

1. Corporation Name

I.H.K. Home, Inc.

2. Principal Office Address

2908 SW 38th Street

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

Florida

3. Mailing Office Address

2908 SW 38th Street

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33914

Country

Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1003514

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

MHB Homeservice, Inc.

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

2712 SW 42nd Lane

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

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

M. Bergmann

Date 5/4/2000

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/P	Heinz Knop	Asterweg 9	D-85591 Vaterstetten/ Germany
D/V/T/ S	Ingrid Knop	Asterweg 9	D-85591 Vaterstetten/ Germany

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

Heinz Knop

Date

5/4/2000

Daytime Phone #

KE

**EURO-AMERICAN FINANCIAL SERVICES, INC.**

262

JAMES W. AMBURN, President

**Bonita Springs**

28000 Spanish Wells Boulevard  
Bonita Springs, Florida 34135  
(941) 992-3355 Telephone  
(941) 992-1669 Fax  
(800) 649-4661 Toll Free  
e-mail jamburn@Euro-American.com



**Cape Coral**

1505 S.E. 40th Street, Suite C  
Cape Coral, Florida 33904  
Telephone (941) 549-9499  
Fax (941) 549-5133  
e-mail ilonaraab@hotmail.com

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32315

May 4, 2000

**RE: I.H.K. Home, Inc.**  
**65-1003514**  
**Document # P 98000029313**

Dear Division of Corporations,

Please reinstate I.H.K. Home, Inc. The annual report was sent to the wrong address, no one forwarded it, and the report and payment was overlooked. The correct mailing address is:

2908 SW 38<sup>th</sup> Street, Cape Coral, FL 33914.

Enclosed you find a check in the amount of \$300.00 for the reinstatement.

Thanking you in advance for your cooperation,

  
Michaela Bergmann  
Euro-American Financial Services, Inc.

KE