

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JUL 22 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045263

1. Corporation Name

KART-O-MANIA USA, INC.

300006879103--4
-08/02/02--01057--007
***1200.00 ***1200.00

2. Principal Office Address

c/o Christian Esser

Suite, Apt. #, etc.

Reitdorf 85

City & State

A-5542 Flachau

Zip

Country

Austria

3. Mailing Office Address

c/o Christian Esser

Suite, Apt. #, etc.

Reitdorf- 85

City & State

A-5542 Flachau

Zip

Country

Austria

REINSTATEMENT 99-02

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

05/19/1998

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

F & L Corp.

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

The Greenleaf Building, 3rd Floor, 200 Laura Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32201-0240

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

Hans Eder, Agent

Date **3/27/02**

REGISTERED AGENT MUST SIGN

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
PRES	DR Hans Eder	Innstr. 11	84533 Stammham / Germany
DIR	POETTLER GERHARD	HAUPTSTRASSE 8	ALTENMARKT / AUSTRIA / 5541
DIR	SESSER CHRISTIAN	REITDORF 85	FLACHAU / AUSTRIA / 5542
	Hans Eder P.D	Gerhard Pödtler V.P.D	Christian Esser D.T.S

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

Hans Eder

160502

Date

0449171 9963038

Daytime Phone #

CR2E081 (9/01)