

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000084536

1. Corporation Name

MOEHWALD INC.

Principal Place of Business

% HILL BARTH & KING
377 TAMiami TRAIL N. #200
NAPLES FL 34103

Mailing Address

40020 GRAND RIVER
NOV MI 48375-2112

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

38000 Hills Tech Drive

Farmington Hills, MI 48331

48331

4. Date Incorporated or Qualified
To Do Business in Florida

***750.00 ***750.00

10/01/1998

5. FEI Number

65-0866817

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STX	MOEHWALD, RALF	FELMENWEG 3	5408 ENNETBADEN, SWITZERLAND
DVR	MOEHWALD, RALF	40020 GRAND RIVER N	NOV MI 48375
Director	Hermann Bolle	Michelinstrasse 21	Homburg, Saarland Germany 66424
Assistant Secretary	Luke Baer	2800 S. 25th Ave.	Broadview, IL 60155
Assistant Treasurer	Klaus Quint	38000 Hills Tech Drive	Farmington Hills, MI 48331

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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9. Name and Address of New Registered Agent

Name

Ronald Walther

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

3777 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 200

City

Naples

State

FL

Zip Code

34103

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-19-01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUKE BAER, Assistant Secretary

Date

12-19-01

Daytime Phone #

CR2E040 (8/01)