

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB -8 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** R98000085826

**1. Corporation Name**

H. H. LANGE CORPORATION

**Principal Office Address**

c/o Dean Vegosen  
515 N. Flagler Drive

Suite, Apt. #, etc.

18th Floor

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

October 5, 1998

**5. FEI Number**

65-0878842

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

Dean Vegosen, Esq.

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

515 N. Flagler Drive

Suite, Apt. #, Etc.

18th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

*Dean Vegosen*

REGISTERED AGENT MUST SIGN

Date January 16, 2001

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
/P/AS	Lange, Rudiger	Schutzenstrasse 11-13	D-85757 Karlsfeld, Germany
/S	Lange, Herwig H.	Simone-Ferber-Str. 12	D-82327 Tutzing, Germany
	Lange, Sylvia	August-Horch-Str. 28	D-80999 Munchen, Germany

REINSTATEMENT

02-01

T8

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

22. Jan. 2001  
Rudiger Lange, President

Date

0049 - 171 -  
263 5990

Daytime Phone #

CR2E081 (9/00)