

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:12

DOCUMENT # P98000099140

1. Corporation Name

WATERFRONT IMMOBILIEN, INC.

Principal Place of Business

621 CAPE CORAL PARKWAY E.
CAPE CORAL FL 33904

Mailing Address

621 CAPE CORAL PARKWAY E.
CAPE CORAL FL 33904



REINSTATEMENT 09

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

2. New Principal Office Address, If Applicable

1710 E. CAPE CORAL PKWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1710 E. CAPE CORAL PKWY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

USA

Zip

33904

Country

USA

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 |
|---------------|---|--|-------------------------|
| PSID | LA ROCCO, ROBERT J | 1505 S.E. 40TH ST, STE.C | CAPE CORAL FL 33904 |
| PSTD | RIEDLINGER, THOMAS | 1710 E. CAPE CORAL PKWY. | CAPE CORAL, FL 33904 |
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-10/20/99--01066--018
****758.75 ****758.75

8. Name and Address of Current Registered Agent

LA ROCCO, ROBERT J MR.
1505 S.E. 40TH STREET, STE.C
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name
RIEDLINGER, THOMAS
Street Address (P.O. Box Number is Not Acceptable)
1710 E. CAPE CORAL PKWY.
Suite, Apt. #, Etc.
City
CAPE CORAL
State
FL
Zip Code
33904

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]
REGISTERED AGENT MUST SIGN

Date 10-12-99

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] THOMAS RIEDLINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99
Date

341-345-3899
Daytime Phone #