

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000059413

00 NOV 20 PM 6:52

1. Corporation Name

GENTRIQS, INC.

Principal Place of Business

Mailing Address

4522 SPRUCE ST.  
TAMPA FL 33607

4522 SPRUCE ST.  
TAMPA FL 33607



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

2. New Principal Office Address, If Applicable

5401 W Kennedy Blvd

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1999

Suite, Apt. #, etc.

Suite 890

Suite, Apt. #, etc.

5. FEI Number

59-3588101

Applied For

Not Applicable

City & State

Tampa, Florida

City & State

Zip

33609

Country

Zip

Country

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
P/D	Tue Lystrup	5401 W. Kennedy Blvd. Tampa	FL / 33609
S/D	Mats Thunell	Hauptstrasse 60	D-65344 / Eltville / Germany
V/D	Annika Thunell	Hauptstrasse 60	D-65344 / Eltville / Germany
T/D	Daniel Gross	Hauptstrasse 60	D-65344 / Eltville / Germany

600003496666--7  
-12/12/00--01032--017  
\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Barbara A. Burre

BARBARA A. BURRE  
SPECIAL ASSISTANT SECRETARY

Date

11-18-00

REGISTERED AGENT MUST SIGN

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:

Tue Lystrup

11/17-2000

Date

813 267 8911

Daytime Phone #

CR2ED40 (800)

Florida Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399



gentriqs

43292  
P99-  
59413

Tampa October 24, 2000

Re. Reinstatement fee

I hereby ask that the Florida Department of State to take into consideration a waiver of the reinstatement fee \$600.00.

The reason for gentriqs Inc. not responding to the already mailed reminder is that it never reached our new offices at West Kennedy Boulevard despite a forwarding address. We therefore had no chance to react and file the missing corporation annual report.

We sincerely regret the delay and I will ensure that future filings are made in accordance with Florida regulations.

Best regards

Tue Lystrup  
gentriqs Inc.