

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN -3 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V41125**

1. Corporation Name

**SWISS - AMERICAN, INC.**

Principal Place of Business

Mailing Address

1909 N. COCOA BLVD.  
COCOA FL 32922

1909 N. COCOA BLVD.  
COCOA FL 32922



REINSTATEMENT

99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1992

5. FEI Number

59-3131243

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FREY, GEORGES	5000 AARAU	SWITZERLAND
<del>DST</del>	<del>HAWKINS, BETTY L</del>	<del>1909 N. COCOA BLVD.</del>	<del>COCOA FL 32922</del>
DV	HAEBERLIN, GEOFFREY	1175 AUDUBON RD.	MERRITT ISLAND FL 32952
DST	Knobel Heinrich (Heinz)	6455 S. Tropical Trail	Merritt Island Fl. 32952
			100003099171--4 -01/14/00--01072020 ****750.00 **\$750.00

8. Name and Address of Current Registered Agent

HAWKINS, BETTY L  
1909 N. COCOA BLVD.  
COCOA FL 32922

9. Name and Address of New Registered Agent

Name

Heinz Knobel

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

6455 S. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

Zip Code

FL

32952

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

20.12.99  
12-12-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-99

(407) 631-0000

CR2E040 (8/99)