PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 APR 20 AM 11:08

TALLAHASSEE, FLORIDA

5.26
JY

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05/20/09--01013--011 **458.75

CR2E081 (12/08)

DOCUMENT # K22481

**1.** Corporation Name

SCHWARZER DIVERSIFIED INC.

| **2.** Principal Office Address - No P.O. Box # | | **3.** Mailing Office Address | |
|---|---|---|---|
| 401 N. E. 19TH AVE | | 21990 LORAIN ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 34 | | 104 | |
| City & State | | City & State | |
| DEERFIELD BEACH, FL | | FAIRVIEW PARK, OH | |
| Zip | Country | Zip | Country |
| 33441 | USA | 44126 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida 5/3/1988

**5.** FEI Number 31-1246461 ☐ 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
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| PLANTATION | FL | 33324 |

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8.** 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 _____ Date _____

REGISTERED AGENT MUST SIGN

**9.** 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 | JOYCE A LAMBROS | 6100 BROADVIEW ROAD | PARMA, OH 44134 |
| V | LARRY THOMAS | 33130 EAGLES GLEN COURT | NORTH RIDGEVILLE, OH 44039 |
| S/T | HEIDI L LAMBROS | 1169 SOUTH PLYMOUTH CT #123 | CHICAGO, IL 60605 |
| | | | |
| | | | |
| | | | |

**10.** 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 contained in Chapter 119, 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:** Joyce A Lambros 5/14/09 440 331 7290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #