

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 DEC -5 PM 2:41

**DOCUMENT # 600300**

**1. Corporation Name**

**SCHNEIDER & GRNJA, P.A.**

**2. Principal Office Address**

**210 S FEDERAL HWY**

**3. Mailing Office Address**

**210 S FEDERAL HWY**

**Suite, Apt. #, etc.**

**2ND FLOOR**

**Suite, Apt. #, etc.**

**2ND FLOOR**

**City & State**

**HOLLYWOOD FL**

**City & State**

**HOLLYWOOD FL**

**Zip**

**33020**

**Country**

**USA**

**Zip**

**33020**

**Country**

**USA**

800025426628  
12/11/03--01060--015 \*\*150.00  
**REINSTATEMENT 03**

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

**11/15/1967**

**5. FEI Number**

**59-1196795**

**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**

**VLADIMIR GRNJA**

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

**210 S FEDERAL HWY**

**Suite, Apt. #, Etc.**

**2ND FLOOR**

**City**

**HOLLYWOOD**

**State  
FL**

**Zip Code**

**33020**

**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**

*[Signature]*

**VLADIMIR GRNJA**

**Date**

**12-4-03**

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Title</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	SCHNEIDER, JOEL	3851 N. 31ST TERR.	HOLLYWOOD, FL
DVP	GRNJA, VLADIMIR	923 CAPTIVA DR	HOLLYWOOD, FL 33019

**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 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]*

**VLADIMIR GRNJA**

**Date**

**12-4-03**

**Daytime Phone #**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E081 (9/01)