

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 373116

Corporation Name

SCHOONOVER ENTERPRISES, INC.

Principal Place of Business

5321 COMMERCIAL WAY
SPRING HILL FL 34606
US

Mailing Address

5321 COMMERCIAL WAY
SPRING HILL FL 34606
US



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

11/23/1970

5. FEI Number

59-1307676

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)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

1

PD

SCHOONOVER, THOMAS

13756 CORONADO DR.

BROOKSVILLE FL

STD

SCHOONOVER, JAMES

3037 KEEPORT DR.

BROOKSVILLE FL

100008636531
10/28/02--01126--001 **8.75

8. Name and Address of Current Registered Agent

SCHOONOVER, THOMAS
13756 CORONADO DR.
BROOKSVILLE FL 34613

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 21, 2002

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]
James Schoonover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-2002 352-596-7997

Date

Daytime Phone #

CR2E040 (8/02)

Schoonover Enterprises, Inc.
5321 Commercial Way
Spring Hill, FL 34606
(352)596-7997

Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 21, 2002
Document #373116
FEI #59-1307676

To Whom it may concern:

This acknowledgement is in response to the notice of the dissolution of and revocation of Schoonover Enterprises, Inc. The annual Report/ uniform business report was inadvertantly sent to the Division of Corporations along with payment in full without the required signatures. This was an oversight not intended to delay the continuation of the above said corporation.


The request for the above said signatures was never received by the above mentioned corporation nor by either of the two named officers, Thomas Schoonover and/or James Schoonover.

This is hereby an official statement and request to re-instate Schoonover Enterprises, Inc., incorporated in the State of Florida since 1970, along with the required signatures, and a copy of the cashed check, #7031 in the amount of one-hundred-fifty dollars made payable to the Division of State.

This is of the utmost importance and immediate attention concerning this matter is warranted.

Regards,


Thomas Schoonover, President


James Schoonover, Vice-Pres.

Enclosures/ck#7031 & Required Signatures
T.S., J.S./S.S.