

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 23 PH 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200133355242
07/23/08--01027--010 **1050.00

DOCUMENT # 476224

1. Corporation Name

R.L. Schmeckpeper, Inc.

2. Principal Office Address - No P.O. Box #

675 Anchor Rode Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

675 Anchor Rode Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number 59-1595108

☐ 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

R.L. Schmeckpeper

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

675 Anchor Rode Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07/18/08

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	Robert L. Schmeckpeper	675 Anchor Rode Drive	Naples, FL 34103
VP	Edwin R. Schmeckpeper	733 South Hayes Street	Moscow, ID 83843
T	Christina H. Kobzina	6021 Westport Road	Naples, FL 34117

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:

[Signature]

R.L. Schmeckpeper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/08

Date

239-261-1718

Daytime Phone #