

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 NOV 20 AM 9:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **488029**

1. Corporation Name  
**ED SCHULTZ, P.A.**

Principal Place of Business Mailing Address  
**6413 TOWN N COUNTRY BLVD. TAMPA FL 33615**



**REINSTATEMENT 91**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-2204790	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SCHULTZ, EDWARD D.	6413 TOWN N COUNTRY BLVD.	TAMPA FL 33615
V	SCHULTZ, ROGER K.	8236-ALAMO ROAD 302 OLD MARION JUNCTION Rd.	BRENTWOOD TN 37027 Selma, AL 36701
S	RICARDO, SANDRA I. Riccardo,	3517-AUTUMN GLEN DRIVE 2557 MASON CREEK dr	VALRICO FL 33594

200002356812-2  
 -11/25/97-01058-014  
 \*\*\*750.00 \*\*\*750.00  
 11/21/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHULTZ, EDWARD D. 6413 TOWN N COUNTRY BLVD. TAMPA FL 33615		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	
		FL	

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 Edward D. Schultz Date 11-18-97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No   
 (See other side for information on intangible tax.)

12. 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: Edward D. Schultz Pd ch 106 - 11-18-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11-18-97 (813) 986-8727  
 Date Daytime Phone #

CR2E040 (8/97)