

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JAN 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

498365

1. Corporation Name

JAMES E. SCHULTE, INC.

2. Principal Office Address

8072 SW 80th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-08-1976

5. FEI Number

59-2202240

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

JAMES E. SCHULTE

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

8072 SW 80th Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

200004851092--7

-01/31/02--01051-034

***1500.00 ***1500.00

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

James E. Schulte

REGISTERED AGENT MUST SIGN

Date 10-26-2001

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
PD/ST	JAMES E. SCHULTE	8072 SW 80th AVENUE	MIAMI, FL 33147

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/01

Daytime Phone #

(305) 448-2764

MYRON J. RAYVIS

ATTORNEY AT LAW
7333 CORAL WAY, SUITE C
MIAMI, FLORIDA 33155

Telephone (305) 260-0077
FACSIMILE (305) 261-2172

KAYLA THOMAS
Ext. 226

6-17-02

By Airborne Express
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: FEIN# 59-2202240
JAMES E. SCHULTE, INC.

OUR FILE NO: 01-9008

Enclosed herewith please find our trust account check in the amount of \$1,500.00, which represents the appropriate corporate reinstatement fees for the above referenced.

If you have any question, please feel free to contact the undersigned.

Very truly yours,



KAYLA THOMAS
Legal Assistant to Myron J. Rayvis

ENCL.