

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 PM 3:51

DOCUMENT # 498365

1. Corporation Name

JAMES E. SCHULTE, INC.

700016219067
04/17/03--01075--018 **900.00

2. Principal Office Address

8072 S.W. 80th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33147 USA

REINSTATEMENT 0203

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

33147

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

4-9-2003

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 80 th AVE	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)(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:

JAMES E. SCHULTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. SCHULTE

4-9-2003

Date

305-283-3533

Daytime Phone #