PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 PM 2:41

DOCUMENT # 600300

1. Corporation Name

SCHNEIDER & GRNJA, P.A.

800025426628
12/11/03--01060--015 **150.00
REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
210 S FEDERAL HWY	210 S FEDERAL HWY
Suite, Apt. #, etc.: 2ND FLOOR	Suite, Apt. #, etc.: 2ND FLOOR
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/1967

5. FEI Number: 59-1196795 ☐ 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: VLADIMIR GRNJA

Street Address (P.O. Box Number is Not Acceptable): 210 S FEDERAL HWY

Suite, Apt. #, Etc.: 2ND FLOOR

City: HOLLYWOOD State: FL Zip Code: 33020

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 _____ VLADIMIR GRNJA Date 12-4-03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	SCHNEIDER, JOEL	3851 N. 31ST TERR.	HOLLYWOOD, FL
DVP	GRNJA, VLADIMIR	923 CAPTIVA DR	HOLLYWOOD, FL 33019

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: _____ VLADIMIR GRNJA 12-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #