

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #631205

1. Entity Name

~~SCHMITT~~ SCHMITT JEWELER, INC.

(PAUL J. SCHMITT)

(PAUL J. SCHMITT)

Principal Place of Business

~~SCHMITT~~ SCHMITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US

Mailing Address

~~SCHMITT~~ SCHMITT JEWELER  
765 5TH AVE. S.  
NAPLES, FL 34102 US



FILED

08 NOV -5 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

10/27/2008 REIN-P-002E098 (1/07) 08

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-1939568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMITT, ADAM J VP  
2281 PINWOODS CIRCLE  
NAPLES, FL 34105

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME SCHMITT, ADAM J. ☐ Delete  
STREET ADDRESS 2281 PINE WOOD CIRCLE  
CITY-ST-ZIP NAPLES, FL 34105

TITLE S  
NAME SCHMITT, MICHELLE ☐ Delete  
STREET ADDRESS 2281 PINWOOD CIRCLE  
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600137484096  
10/30/08--01033--025 \*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-08

239-262-5455