PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

200023860822
10/16/03--01073--011 **150.00

200023860822
10/16/03--01073--012 **8.75

DOCUMENT # F01000045577

1. Corporation Name

SCHNELL CONTRACTORS, INC.

2. Principal Office Address	**3.** Mailing Office Address
6222 Tower Lane	1343 Tile Factory Ln.
Suite, Apt. #, etc.: ALL	Suite, Apt. #, etc.:
City & State: Sarasota, FL	City & State: Louisville, KY
Zip: 34240 Country:	Zip: 40213 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/11/01

5. FEI Number: 61-1044453 ☐ 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: Thomas F. Icard, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street, Ste. 600

Suite, Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34237

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: Thomas F. Icard, Jr. Date: 10/14/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Laura K. Schnell	1343 Tile Factory Lane	Louisville, KY40213
V.P.	Michael B. Schnell	1343 Tile Factory Lane	Louisville, KY40213

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: _____ 9/25/03 502 969-7534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #