

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PM 2:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001195

1. Corporation Name

Schoover Properties, Inc.

300086166483
01/25/07--01003--018 **1200.00

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1422 MARSH WOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2023

Suite, Apt. #, etc.

City & State

Seffner FL

Zip

33584

Country

USA

City & State

VALRICO, FL

Zip

33595

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/2003

5. FEI Number

64-093833P

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

FRANK POPELESHI

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

1422 MARSH WOOD DRIVE

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Frank Popeleshi

REGISTERED AGENT MUST SIGN

Date 1/17/07

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.	FRANK X. POPELESHI	1422 MARSH WOOD DR,	Seffner, FL 33584
	1/1/22		

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 contained in Chapter 119, 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:

Frank X. Popeleshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 215-8699

Date

Daytime Phone #