

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 29 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000004752

1. Corporation Name

SCHUMACHER HOME BUILDERS OF FLORIDA, INC.

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

2715 WISE AVENUE

Suite, Apt. #, etc.

City & State

CANTON OH

Zip

44708

Country

USA

3. Mailing Office Address

2715 WISE AVENUE

Suite, Apt. #, etc.

City & State

CANTON OH

Zip

44708

Country

USA

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/18/2006

5. FEI Number
204924488

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ 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

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

Date

11/26/07

REGISTERED AGENT MUST SIGN

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
P	WILLIAM SCHUMACHER	2715 WISE AVENUE	CANTON OH 44708
VS	MARY BECKER	2715 WISE AVENUE	CANTON OH 44708
			600112687156 11/29/07--01013--021 **150.00
		REINSTATEMENT	2007

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:

William Schumacher

William Schumacher 11/19/07

Date

330-478-4500

Daytime Phone #