

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F27395

1. Corporation Name

SCHUMACHER PIPE ORGAN SERVICE, INC.
113 AVALON DR,
ORMOND BEACH, FL 32176-2265

2. Principal Office Address

113 AVALON DR

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32176-2265

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

00-04

4. Date Incorporated or Qualified

To Do Business in Florida 4-1-1981

5. FEI Number

59-2077439

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

RICHARD SCHUMACHER

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

113 AVALON DR

Suite, Apt. #, Etc.

City

ORMOND BEACH

State
FL

Zip Code

32176-2265

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

Richard Schumacher
REGISTERED AGENT MUST SIGN

Date 4/29/04

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/D	RICHARD SCHUMACHER	113 AVALON DR	ORMOND BEACH, FL 32176-2265
S/D	ELAINE SCHUMACHER	113 AVALON DR	ORMOND BEACH, FL 32176

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:

Richard Schumacher RICHARD SCHUMACHER 4/29/04 386-441-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #