

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000652

1. Corporation Name

Schumacher Electric Corporation

100181665601
06/03/10--01018--019 **1800.00

REINSTATEMENT 03-10

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

801 Business Center Drive

Suite, Apt. #, etc.

3. Mailing Office Address

801 Business Center Drive

Suite, Apt. #, etc.

City & State

Mount Prospect, IL

City & State

Mount Prospect, IL

Zip

60056

Country

United States

Zip

60056

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida 1993

5. FEI Number
36-2093003

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

Donald A. Schumacher

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

3076 SE Island Point Lane

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

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

Donald A. Schumacher
REGISTERED AGENT MUST SIGN

Date 6/2/10

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
CEO	Donald A. Schumacher	3076 SE Island Point Lane	Stuart, FL 34996
President	John Waldron	40 W. 076 Sturbridge Way	Elgin, IL 60123
VP Finance/CFO	Daniel J. Frano	67 Camden Court	Barrington, IL 60010

10. E-mail Address: bills@schumacherelectric.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Daniel J. Frano DANIEL J. FRANO

6/2/10

847-385-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #