

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000004233

1. Corporation Name

SCHOENSTATT INC

Principal Place of Business

Mailing Address

4811 Hollywood Blvd. Ste C
Hollywood, Florida 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

737 N. Crescent Dr.

Hollywood, FL

Florida

33021-6168

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/1994

5. FEI Number

65-0581325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Luis Asanza	4811 Hollywood Blvd. Ste C	Hollywood, FL 33021
Vice Pres.	Katuzhka Asanza	737 N. Crescent Dr	Hollywood, FL 33021
Secretary	Ida Garcia	17 Salamanca Ave # 4	Coral Gables, FL 33134
Treasure	Maritza Maggio	13525 S.W. 63 Lane	Miami, FL 33183
			1000003052321-11/23/99-01006-001 ***367.50 ***367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Luis Asanza M.D
4811 Hollywood Blvd. Ste D
Hollywood, FL 33021

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/16/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/99

Date

954-961-0001

Daytime Phone #

REINSTATEMENT 92-99

CP2E081 (12/98)