

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G67265**

1. Corporation Name

SCHLITT CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

% EDGAR L SCHLITT
321 21ST ST.
VERO BCH FL 32960
US

% EDGAR L SCHLITT
321 21ST ST.
VERO BCH FL 32960
US

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

2. New Principal Office Address, If Applicable

2027 INDIAN RIVER BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2027 INDIAN RIVER BLVD

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32960

Country

USA

City & State

VERO BEACH, FL

Zip

32960

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1983

5. FEI Number

59-2342367

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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SCHLITT, EDGAR L.	4745 PEBBLE BAY CIR.	VERO BEACH FL 32963
VSD	SCHLITT, MARGUERITE M.	4745 PEBBLE BAY CIR.	VERO BEACH FL 32963
VTS	LINDSEY, LINDA S. (ASST) GONZALEZ, LINDA S.	2195 47TH TERRACE 2170 - 6TH CT., S.E.	VERO BEACH FL 32962

100003034211--6
-11703799--01074--015
****758.75 ****758.75

8. Name and Address of Current Registered Agent

SCHLITT, EDGAR L
321 21ST ST., SUITE 20
VERO BCH FL 32960

9. Name and Address of New Registered Agent

Name

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

2027 INDIAN RIVER BLVD.

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 **10/18/99**

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/18/99

Daytime Phone #

KE

CR25040 (8/99)