

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 JAN 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **394734**

1. Corporation Name

**H.K.S. Properties, Inc.**

Principal Place of Business

Mailing Address

**721 NE 60th  
Ft. Lauderdale, FL 33334**

**same**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

**93-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-21-87**

5. FEI Number

**59-2848962**

Applied For

Not Applicable

6. to reflect officer's  
CERTIFICATE OF STATUS DESIRED ☒ **YES**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Hermann K. Schmidt	721 NE 60th	Ft. Lauderdale, FL 33334
D	Reto J. Schneider	721 NE 60th	Ft. Lauderdale, FL 33334
SD	Ralph G. Chase	8020 Via Bonita	Sanford, FL 32771
			800003099818--3 -01/18/00--01001--005 ***1808.75 ***1808.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Reto J. Schneider  
8130 Baymeadows Way W.  
Jacksonville, FL**

Name

**Ralph G. Chase**

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

**8020 Via Bonita**

Suite, Apt. #, Etc.

City

**Sanford**

State

**FL**

Zip Code

**32771**

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

*Ralph G. Chase*

REGISTERED AGENT MUST SIGN **Ralph G. Chase**

Date **1-11-00**

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.

**KE**

SIGNATURE:

*Ralph G. Chase*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph G. Chase**

1-11-00

Date

954-958-0921

Daytime Phone #

CR2E081 (12/98)