

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64279

1. Corporation Name

Harris & Schutz, Inc.

2. Principal Office Address

455 Palm Circle East

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34102

Country
USA

3. Mailing Office Address

455 Palm Circle East

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34102

Country
USA

FILED
05 NOV 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-01

CR2E081 (8/05)

T Roberts NOV 8 0 2005

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

1995

5. FEI Number

65-0091651

(TAX ID)

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

Sheila Harris-Schutz

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

455 PALM CIRCLE EAST

Suite, Apt. #, Etc.

City

Naples, FL 34102

State
FL

Zip Code

34102

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

Sheila Harris-Schutz

REGISTERED AGENT MUST SIGN

Date 11/23/05

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
Chair	Sheila Harris-Schutz	455 Palm Circle East	Naples, FL
Pres	Peter W. Schutz	455 Palm Circle East	Naples, FL

300061732533

11/23/05--01061--015 **\$600.00

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:

Sheila Harris-Schutz, Chair

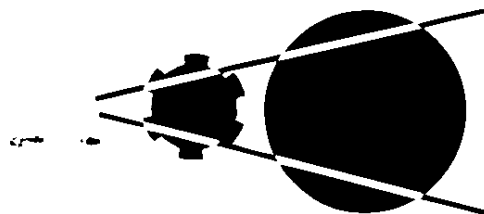
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/05 239-434-8186

Daytime Phone #

13 28 21



**Harris &
Schutz, Inc.**

TO: Florida Department of State, Division of Corporation

FROM: Harris & Schutz, Inc., Document #: K64279

Dear Sir/Madam:

During opening a new business checking account, I discovered that our Corporation is listed as inactive. Upon researching the problem, I realized that due to an address change in 2001, we did not receive the notice for renewal. Due to the fact that we did not receive these notices, please waive the penalties.

Enclosed is our check for \$600.00 for reinstatement. Any comments or questions, please contact me at: 239-434-8186 or via cell: 239-450-0921, or via e-mail at: XQOP@aol.com.

Thank you for your help in this matter.

Regards,

Sheila Harris-Schutz