

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 FEB 13 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **K 71011**
1. Corporation Name
Park and Schumacher Enterprises, Inc.

Principal Place of Business Mailing Address
**1266 U.S.41 South ByPass
Venice, Florida 34292**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3-8-89	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0100597	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Kyong Park	1266 U.S.41 So.ByPass	Venice, Fl 34292
			700002433207--7 02/17/98 01092 003 ***1508.75 ***1508.75
			98-980 2/13/98

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Kyong Park 1266 U.S. South ByPass Venice, FL34292		Name KYONG PARK	
		Street Address (P.O. Box Number is Not Acceptable) 1266 U.S.41 So. ByPass	
		Suite, Apt. #, Etc. #101	
		City Venice	State FL
		Zip Code 34292	

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 _____ Date **2-9-98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: _____ Date **2-9-98** Telephone # **941-726-1344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)