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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # PO0000007783

1. Corporation Name

The LAW OFFICES OF DAVID J. SCHNEID, P.A.

2. Principal Office Address

6877 SW 18th ST

Suite, Apt. #, etc.

141

City & State

Boca Raton, FL

Zip 33433   Country USA

3. Mailing Office Address

6877 SW 18th ST

Suite, Apt. #, etc.

141

City & State

Boca Raton, FL

Zip 33433   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   1/25/2000

5. FEI Number   65-0983375   ☐ 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   Daniel G. Gass

Street Address (P.O. Box Number is Not Acceptable)   10001 NW 50th ST

Suite, Apt. #, Etc.   204

City   Sunrise   State FL   Zip Code 33351

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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 _____   Date 2/26/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	DAVID J. SCHNEID	6877 SW 18th ST. #141 Boca Raton FL 33433	Boca Raton FL. 33433

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: _____   2/26/02   561-391-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #