

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000022855

1. Corporation Name

H. BISCHER & ASSOCIATES, INC.

Principal Place of Business

4084 RAINBOW CIRCLE
LABELLE FL 33975

Mailing Address

4084 RAINBOW CIRCLE
LABELLE FL 33975
P.O. BOX 3053
LABELLE, FL 33975

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2000

5. FEI Number

APPLIED FOR

52-2290868

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BISCHER, ANITA L BISCHER,	4084 RAINBOW CIRCLE	LABELLE FL 33975 33975
VP	BISCHER, HAROLD W	4084 RAINBOW CIRCLE	LABELLE FL 33975 33975

8. Name and Address of Current Registered Agent

BISCHER, HAROLD W
4084 RAINBOW CIRCLE
LABELLE FL 33975

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-29-02

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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-02

Daytime Phone #

CR2040 (8/02)

HIGGINBOTHAM & COMPANY
Certified Public Accountants

October 30, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: H. Bischel & Associates, Inc.
FEI #52-2290868
2002 Uniform Business Report

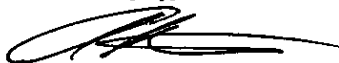
Dear Sir or Madam:

I am writing on behalf of the Taxpayer. They work out of their home and have no mail box there, all mail is delivered to their post office box. As a result, they have no record of receiving the first two UBR's mailed for 2002. The reinstatement form was included in their post office box mail.

Due to the reasons above, the Taxpayer is requesting you accept the reinstatement form, with the original filing fee of \$150.00, which has been enclosed.

Thank you for your assistance in this matter.

Very truly yours,



Andrew J. Higginbotham, CPA

AJH/laj

Enclosures