

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000043648

Entity Name: KARL J. SCHUMER, P.A.

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
SUITE 307  
AVENTURA, FL 33180 US

**Current Mailing Address:**

PO BOX 3990  
HALLANDALE, FL 33008 US

**New Principal Place of Business:**

18851 NE 29 AVENUE  
SUITE 700  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 65-1008196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUMER, KARL J  
20801 BISCAYNE BOULEVARD  
SUITE 307  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

SCHUMER, KARL J  
18851 NE 29 AVENUE  
SUITE 700  
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARL J. SCHUMER

05/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHUMER, KARL J  
Address: 18851 NE 29 AVENUE, SUITE 700  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARL J. SCHUMER

D

05/24/2012

Electronic Signature of Signing Officer or Director

Date