

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 08 AM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092949

1. Corporation Name

LAW OFFICES OF K. SCOTT SCHLEGEL, P.A.

W09-26385

2. Principal Office Address - No P.O. Box #

121 S. ORANGE AVE

Suite/Apt. #, etc.

880

City & State

ORLANDO

Zip

32801

Country

USA

3. Mailing Office Address

121 S. ORANGE AVE

Suite/Apt. #, etc.

880

City & State

FI

Zip

32801

Country

USA

000156671730

06/02/09--01021--021 **1050.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3664958

☐ 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

K. Scott Schlegel

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

121 S. ORANGE AVE

Suite/Apt. #, Etc.

Suite 880

City

ORLANDO

State

FL

Zip Code

32801

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/27/09

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
PRES	Kenneth Scott Schlegel	6215 Carmel Lane	Windermer, FL 34786
V PRES	Gail Schlegel	8214 Rella Ct	Orlando FL 32836

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/27/09

Daytime Phone #

407-648-0268