

P00000104940

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000104940

1. Corporation Name

The Schmidt Group, Inc.

REINSTATEMENT

2. Principal Office Address

20 S. Broad Street

Suite, Apt. #, etc.

3. Mailing Office Address

20 S. Broad Street

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

Zip

34601

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 7, 2000

5. FEI Number

59-3680105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Florida & Offshore Business Formation, Inc.

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

20 S. Broad Street

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34601

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

Alan Tegarden

REGISTERED AGENT MUST SIGN

Date 11/14/2002

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
Dir.	David Miller	20 S. Broad Street	Brooksville, FL 34601
Pres.	David Miller	20 S. Broad Street	Brooksville, FL 34601
Sec.	David Miller	20 S. Broad Street	Brooksville, FL 34601

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

David A. Miller

David Miller, President

11/13/2002 208-522-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)