

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR -9 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P00376*

1. Corporation Name

**SCHAER ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

3000 GULF TO BAY BLVD., STE 102 CLEARWATER, FL 33759  
600 N PINE ISLAND RD., #175 PLANTATION, FL 33324-1324

300002456343-3  
-03/13/98--01088--014  
\*\*\*\*900.00 \*\*\*\*900.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
		225 BROADWAY		12/22/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		2200		02-0356032	
City & State		City & State		Applied For	
		SAN DIEGO CA		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
92101	USA				

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MELVIN E BENNETT	225 BROADWAY, STE 2200	SAN DIEGO, CA 92101
T	MICHAEL S SCOTCH	225 BROADWAY, STE 2200	SAN DIEGO, CA 92101

**REINSTATEMENT** *97-98*

*56 2-10-98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 Signature of Registered Agent	Name <b>DAVID ANDERSON</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>3000 GULF TO BAY BLVD.,</b>	
	Suite, Apt. #, Etc. <b>102</b>	
	City <b>CLEARWATER</b>	State <b>FL</b> Zip Code <b>33759</b>

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date *2-27-98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL S SCOTCH**

Date

Daytime Phone #

CR2E040 (1/98)