

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUL 25 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000113

1. Corporation Name

REBECCA SCHUMACHER INC.

Principal Place of Business

28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135

Mailing Address

28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135

[Handwritten signature]



REINSTATEMENT 01-03

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

12/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22-3772110

Not Applicable

Zip

Country

Zip

Country

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
D	SCHUMACHER, REBECCA	28044 CAVENDISH COURT #5804	BONITA SPRINGS FL 34135

400021763584
07/24/03--01046--004 **1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUMACHER, REBECCA
28044 CAVENDISH COURT #5804
BONITA SPRINGS FL 34135

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.

Signature of
Registered Agent

[Handwritten signature: Rebecca Schumacher]

REGISTERED AGENT MUST SIGN

Date

10-19-01

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)(l), 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:

[Handwritten signature: Rebecca Schumacher]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Schumacher

Date

Daytime Phone #

7/20/03 239-948-8615

CR2E040 (8/01)