

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 6 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042127

1. Corporation Name

Law Offices of Alan M. Schwerer, P.A.

2. Principal Office Address
701 Peachtree Road

3. Mailing Office Address
701 Peachtree Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32804

Country
USA

Zip
32804

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/25/2001

5. FEI Number
59-3687914

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
Alan M. Schwerer

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32804

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 M. Schwerer

REGISTERED AGENT MUST SIGN

Date

5/4/05

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
P/D	Alan M. Schwerer	701 Peachtree Road	Orlando, Florida 32804
			100054645311 05/18/05--01078--014 **600.00
			\$35/13

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)(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:

Alan M. Schwerer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/05

Date

(407) 563-2911

Daytime Phone #

CR2E081 (01/05)

ALAN M. SCHWERER, P.A.
Law Offices



701 Peachtree Road
Orlando, FL 32804

407-563-2911 Telephone
407-563-2915 Facsimile

Also admitted to practice in
Maryland & Washington, D.C.

Alan@schwererlawfirm.com
Fed ID #: 59-3687914

May 3, 2005

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Law Offices of Alan M. Schwerer, P.A.

Dear Sir/Madam:

Enclosed is the original Reinstatement Application along with my check in the amount of \$600.00 to reinstate the aforementioned corporation. I contacted the division this morning when I learned that my corporation had been dissolved. I moved from the 90 E. Livingston address in June 2001. Upon our departure, I put a change of address in with the Post Office and my mail was forward for one year by the Post Office. However, I never received the renewal paperwork from the Division of Corporations that year or any other subsequent years. In speaking with your office I learned that all of the mail was sent to 90 E. Livingston where apparently the Post Office and my old firm failed to forward the renewal and ultimately the cancellation paperwork to me.

Based upon the foregoing I request that the reinstatement fees be waived and the corporation be reinstated. If you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan M. Schwerer".

Alan M. Schwerer
For the Firm

AMS/jlr