

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P01000071244

1. Corporation Name

ROBERT SCHULL & ASSOCIATES, INC.

Principal Place of Business

21303 N.E. 38TH AVE.
AVENTURA FL 33180

Mailing Address

21303 N.E. 38TH AVE.
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/18/2001

5. FEI Number

65-1134468

Applied For

Not Applicable

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
P	ROBERT SCHULL	21303 N.E. 38 th AVE	AVENTURA, FL 33180

500008645665
10/29/02-01043-013 **150.00

8. Name and Address of Current Registered Agent

SCHULL, ROBERT
21303 N.E. 38TH AVE.
AVENTURA FL 33180

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-24-02

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1024-02 305933 9757

Date

Daytime Phone #

CR2E040 (8/02)

2082

ROBERT SCHULL & ASSOCIATES, INC.
N.E. 38TH AVE.
AVENTURA, FL 33180

October 23, 2002

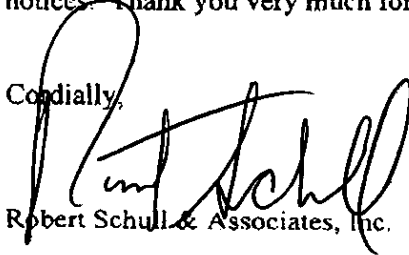
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Fein # 65-1134468

Dear Sir or Madam:

In connection with our application for reinstatement, we respectfully request waiver of the reinstatement fee. To the best of our knowledge, we did not receive any prior UBR notices. Thank you very much for your consideration.

Cordially,



Robert Schull & Associates, Inc.

Robert Schull
President