

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113180

1. Corporation Name

SCHMIDT ELECTRIC OF CENTRAL FLORIDA, INC.

Principal Place of Business

721 LAKESHORE BOULEVARD
ST. CLOUD FL 34769

Mailing Address

721 LAKESHORE BOULEVARD
ST. CLOUD FL 34769



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

11/26/2001

5. FEI Number

59-3157394

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHMIDT, JAMES	721 LAKESHORE BOULEVARD	ST. CLOUD FL 34769
V	FUGATE, VIC	721 LAKESHORE BOULEVARD	ST. CLOUD FL 34769

300009153943
11/21/02--01092--005 **150.00

8. Name and Address of Current Registered Agent

SCHMIDT, JAMES
721 LAKESHORE BOULEVARD
ST. CLOUD FL 34769

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

James Schmidt
REGISTERED AGENT MUST SIGN

Date 11-19-2002

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:

James Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/2002

Daytime Phone #

CR2E040 (8/02)



SCHMIDT ELECTRIC OF CENTRAL FLORIDA

721 Lakeshore Blvd.
St. Cloud, Florida 32769
407-957-1378 • Fax: (407) 957-5092

11/19/02

Florida Dept. of State

Dear Sirs;

Enclosed is my reinstatement fee for the year of 2002, I haven't received any other correspondence and was unaware that this had not been taken care of.

After calling your info line I was advised to write this letter of explanation and enclose \$150 dollars to cover the reinstatement fee and that the fine could be waived.

On November 26, 2001 we formed the corporation and were under the impression that it was taken care of for this year.

I can be reached at anytime by phone and fax.

407-957-1378 office

407-908-3471 cell#

407-957-5092 fax

cc/js/rs

Thank you

James L. Schmidt

James Schmidt