

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000113180**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004

REIN-P

CR2E098 (6/04)

4. FEI Number

**59-3757394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, JAMES  
721 LAKESHORE BOULEVARD  
ST. CLOUD, FL 34769**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Leo Schmidt**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**10-25-2004**

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SCHMIDT, JAMES**  
STREET ADDRESS **721 LAKESHORE BOULEVARD**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Change ☐ Addition  
NAME **900042313139**  
STREET ADDRESS **10/29/04--01049--002**  
CITY-ST-ZIP **\*\*158.75**

TITLE **V** ☐ Delete  
NAME **FUGATE, VIC**  
STREET ADDRESS **721 LAKESHORE BOULEVARD**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SCHMIDT, RUTH**  
STREET ADDRESS **721 LAKESHORE BOULEVARD**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James L Schmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/25/2004**

Date

**407-957-1378**

Daytime Phone #



**SCHMIDT ELECTRIC OF CENTRAL FLORIDA**

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

Dear Sirs;

This is a brief explanation of the reason we haven't renewed our corporate papers. As I'm sure you are aware that our end of the state suffered severe damage as a result of the hurricanes. We lost our entire warehouse and office and did not become aware in time to renew, most of our filing was lost. Please accept this late renewal and reason for the mishap.

Thank you for your time and please contact us with any further information.

Sincerely,

James Schmidt