

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122012

1. Corporation Name

DOUGLAS EUGENE SCHMEDLEN, P.A.

Principal Place of Business

9115 58TH DRIVE E. #C
BRADENTON FL 34202

Mailing Address

9115 58TH DRIVE E. #C
BRADENTON FL 34202

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/2001

5. FEI Number

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	SCHMEDLEN, DOUG	3924 COUNTRYSIDE DRIVE	ELLENTON FL 34222
D	Schmedlen, Douglas E.	210 Country	
D	Schmedlen, Douglas E.	210 VERMONT AVE. E	BRADENTON, FL 34208

900008631509
10/28/02--01104--029 **150.00

8. Name and Address of Current Registered Agent

SCHMEDLEN, DOUG
3924 COUNTRYSIDE DRIVE
ELLENTON FL 34222

9. Name and Address of New Registered Agent

Name
Schmedlen, Douglas E.
Street Address (P.O. Box Number is Not Acceptable)
210 VERMONT AVE. E.
Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34208

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

Douglas E. Schmedlen
REGISTERED AGENT MUST SIGN

Date 10/23/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

October 24, 2002

To Whom It May Concern
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

I received the "Notice of Administrative Dissolution or Revocation" today and am shocked to learn I had not filed necessary reports.

I did not receive any forms or notice of forms about this necessary report. I am diligent about checking my mail for any information mailed to me regarding this corporation. I have tried to be especially careful since this corporation is new to me.

I see that my change of address as the officer of the corporation did not reach your office. Perhaps that is why I did not previously receive anything from your office. I have made the appropriate change of address on the enclosed form.

I am also sending the annual fee. I appreciate your understanding in this case.

Sincerely,

A handwritten signature in dark ink, appearing to read "Douglas E. Schmedlen", written in a cursive style.

Douglas E. Schmedlen
Registered Agent