

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000032072

1. Corporation Name

C. ANTHONY SCHELMETZ, PA

2. Principal Office Address - No P.O. Box #

917 Florida Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

917 Florida Pkwy

Suite, Apt. #, etc.

City & State

KISSIMEE Florida

Zip

34743

Country

City & State

KISSIMEE Florida

Zip

34743

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0631935

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

CARMELO A SCHELMETZ

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

917 Florida Pkwy

Suite, Apt. #, Etc.

City

KISSIMEE

State

FL

Zip Code

34743

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X Carmelo A. Schelmetz

REGISTERED AGENT MUST SIGN

Date

03/15/07

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	CARMELO A SCHELMETZ	917 Florida Pkwy	KISSIMEE, FL 34743

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 contained in Chapter 119, 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

03/15/07

Date

Daytime Phone #

Q. Mitchell

MAR 19 2007