

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000050732**

1. Corporation Name

AL SCHMOYER THE DOCK DOCTOR, INC.

Principal Place of Business

Mailing Address

**501 LOUDEN AVENUE
DUNEDIN FL 34698**

**501 LOUDEN AVENUE
DUNEDIN FL 34698**

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

05/08/2002

5. FEI Number

03-0437953

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
PS	SCHMOYER, AL	501 LOUDEN AVENUE	DUNEDIN FL 34698

400029294834
02/24/04--01018--007 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCHMOYER, AL
501 LOUDEN AVENUE
DUNEDIN FL 34698**

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

Date

2/16/04

REGISTERED AGENT MUST SIGN

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:

AL SCHMOYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/04

Daytime Phone #

**727-736-0651-0
727-742-6104-C**

FILED

04 FEB 17 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2EQ40 (7/03)