

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 10:40

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P02000066343

1. Corporation Name

Shultz Bakelite, Inc.

900162399659
11/02/09--01045--007 **150.00

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

361 Clearwater Lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 91387

Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

Lakeland, FL

Zip

33868

Country

USA

Zip

33804

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 06/17/2002

5. FEI Number
043683878

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

Ester Shultz

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

361 Clearwater Lake Drive

Suite, Apt. #, Etc.

City

Polk City

State

FL

Zip Code

33868

☒ 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

Ester L. Shultz President
REGISTERED AGENT MUST SIGN

Date October 26, 2009

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
Pres	Ester Shultz	361 Clearwater Lake Drive	Polk City, FL 33868

REINSTATEMENT

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:

Ester L. Shultz Ester L. SHULTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-2009

Date

863-398-3408

Daytime Phone #

Shultz Bakelite, Inc.
P. O. Box 91387
Lakeland, FL 33804

October 26, 2009

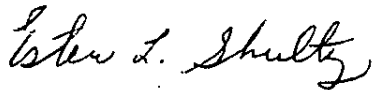
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Please find enclosed Corporation Reinstatement for Shultz Bakelite, Inc. (P02000066343) along with Annual Report fee of \$150.00.

I know I **did not receive any notification** for Annual Report Filing this year. The firm that updated my corporate book just advised me that my annual report had not been filed for 2009.

I ask for your indulgence, and that you please waive any reinstatement fee associated with this, as I would certainly have filed it on time if the notice had been received.

Sincerely,

A handwritten signature in cursive script that reads "Ester L. Shultz".

Ester Shultz
President