

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128705

1. Corporation Name

Schuman Victoria Isles, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

443 Hendricks Isle

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

4350 W. Sunrise Blvd.

Suite, Apt. #, etc.

#122

City & State

Plantation, FL

Zip

33313

Country

USA

7/29/03 90136 027 550.00

5/24/04 90001 002 150.00 TR

**4. Date Incorporated or Qualified
To Do Business in Florida**

12.04.02

5. FEI Number

72-1570388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phillip R. Schuman

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

4350 W. Sunrise Blvd.

Suite, Apt. #, Etc.

#122

City

Plantation

900037993519

06/16/04--01006--004 **200.00

State

FL

Zip Code

33301

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

See below

Date

REGISTERED AGENT MUST SIGN

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
D	Phillip R. Schuman	4350 W. Sunrise Blvd. #122	Plantation, FL 33313

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 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:

P. R. Schuman P. R. SCHUMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/04

Date

954 316 2151

Daytime Phone #

CR2E081 (10/02)