2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000122463

1. Entity Name
VICTOR P SCHILLING INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR 15 AM 7: 18

REINSTATEMENT 04-05

08/23/04 900190233 554.02

01182005 REIN-P CR2E098 (8/04)

Principal Place of Business	Mailing Address
11203 BLENDALE DR RIVERVIEW, FL 33569	11203 BLENDALE DR RIVERVIEW, FL 33569

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number N/A ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHILLING, VICTOR P 11203 BLENDALE DR RIVERVIEW, FL 33569	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Victor P Schilling

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHILLING, VICTOR P 11203 BLENDALE DR RIVERVIEW, FL 33569 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer SCHILLING, BONNIE 11203 Blendale Dr. Riverview, FL 33569 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400053925984 05/05/05--01066--009 **350.00 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President MELLOW, STEVEN 3809 Sunnybank Dr. Valrico, FL 33594 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer SOOS, ANTHONY J. 218 Red Maple Place Brandon, FL 33510 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer WIGGINS, TED 5910 Simpson Rd. Riverview, FL 33569 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Schilling Bonnie Schilling Tres. 3/23/05 8139071723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #