

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 12 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028306

1. Corporation Name

Schuele Investment, Inc.

700134597667

08/19/08--01024--012 \*\*600.00

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

Promed Instruments  
4529 SE 16th PL.

Suite, Apt. #, Etc.

# 101

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Office Address

Promed Instruments  
4529 SE 16th PL.

Suite, Apt. #, etc.

# 101

City & State

Cape Coral, FL

Zip

33904

Country

USA

Instruments

REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

2/10/04

5. FEI Number

20-2173590

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

Edgar Schuele

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

Promed Instruments, 4529 SE 16th PL

Suite, Apt. #, Etc.

# 101

City

Cape Coral

State

FL

Zip Code

33904

☒ 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

Edgar Schuele

Date

7/30/08

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
Pres	Edgar Schuele	4320 SE 20th PL	Cape Coral, FL 33904

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:

Edgar Schuele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/08

Date

Daytime Phone #