


AUG. 1. 2007 5:01PM FAX C S C

NO. 892 P. 202

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG -1 AM 8:19

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000083304			
1. Corporation Name Schott Marketing INC			
2. Principal Office Address - No P.O. Box # 2162 Wrens Way		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State	
Zip 33764	Country Pinellas	Zip	Country
7. Name and Address of Current Registered Agent			
Name Bill Schott			
Street Address (P.O. Box Number is Not Acceptable) 7001 66th St N			
Suite, Apt. #, Etc.			
City Pinellas Park		State FL	Zip Code 33778
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0608 or 617.0608, F.S.			
Signature of Registered Agent Bill Schott		Date 8/1/07	
REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Delores Schott	2162 Wrens Way	Clearwater FL 33764
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: Delores Schott		Date 727-776-5010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

REINSTATEMENT

05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 5/25/2004	
5. FBI Number 20-1162621	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES Additional Fee required for a Certificate of Status	
<input checked="" type="checkbox"/> 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.	

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NO. 892 P. 301

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DIVISION OF CORPORATIONS.

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I AM REQUESTING A WAIVER OF REINSTATEMENT FEES FOR
YEARS 2005, 2006, AND 2007.

I INCORPORATED ON MAY 25TH OF 2004. MY ADDRESS WAS 3328 KAVILIER
DR, PALM HARBOR, FL 34684. ON JUNE 15TH 2004 I MOVED TO 2162 WRENS
WAY, CLEARWATER FL, 33764. IT NEVER OCCURRED TO ME TO CHANGE
MY ADDRESS WITH THE STATE. THE STATE RECORDS SHOW MY OLD
ADDRESS. BECAUSE I MOVED IN JUNE OF 2004 I NEVER RECEIVED ANY OF
THESE NOTICES. ENCLOSED PLEASE FIND A CHECK FOR
THREE YEARS FILING FEE FOR \$458.75, PLUS \$8.75 FOR A CERTIFICATE OF
STATUS

DELORES SCHOTT
PRESIDENT
SCHOTT MARKETING INC

AUG. 1. 2007C 5:00PMons C S C

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

SCHOTT MARKETING INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.75

458.75

Amanda Roath

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Corporate Filing Menu

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