

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 PM 4:08

DOCUMENT # P04000112603

1. Corporation Name

Stephen Schuele Services Inc.

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

1811 Englewood Road

3. Mailing Office Address

1811 Englewood Road

Suite, Apt. #, etc.

233

Suite, Apt. #, etc.

233

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

Sarasota

Zip

34223

Country

Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2004

5. FEI Number
20-1440497

☐ 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

Stephen J. Schuele

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

12420 Wilmington Blvd.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33981

☒ 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

Stephen J. Schuele

Date 05/13/2009

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
P	Stephen J Schuele	12420 Wilmington Blvd.	Port. Charlotte, FL 33981

REINSTATEMENT

755/20/09

07-05

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:

Stephen J. Schuele

Stephen J Schuele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/2009

Date

941-302-0690

Daytime Phone #