

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 10:37

DATE
FILED IN FLORIDA

DOCUMENT # **P08000003370**

1. Corporation Name

Schultz Investments Inc.

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

1500 San Remo Ave

Suite, Apt. #, etc.

Suite 248

City & State

Coral Gables FL

Zip

33146

Country

3. Mailing Office Address

**Harold Schultz
120 Highland Place**

Suite, Apt. #, etc.

#4

City & State

Ithaca NY

Zip

14850

Country

USA

800181571748
06/01/10--01066--009 **308.75

REINSTATEMENT (10) **09-10**

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2008

5. FEI Number

none

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

Bareland Associates, P.A.

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

1500 San Remo Ave

Suite, Apt. #, Etc.

Suite 248

City

Coral Gables

State

FL

Zip Code

33146

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Harold Schultz

REGISTERED AGENT MUST SIGN

Date **5/27/10**

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	Harold Schultz	120 Highland Place	Ithaca / NY / 14850

10. E-mail Address: **Schultz @ Clarity Connect . com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Harold Schultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/27/10 6072734797

Daytime Phone #