

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF REVENUE DIVISION OF CORPORATIONS	
DOCUMENT # <b>P92000014948</b>		FILED 90 JUN 24 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>SCHOENING &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>10621 N KENDALL DRIVE MIAMI FL 33176</b>		Mailing Address <b>10621 N KENDALL DRIVE MIAMI FL 33176</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>12/29/1992</b>		5. FEI Number <b>NOT APPLICABLE</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	SCHOENING, RICARDO	10621 N KENDALL DR #215	MIAMI FL 33176
D	SCHOENING, ELIZABETH	10621 N KENDALL DR #215	MIAMI FL 33176
300002918623--3 -06/29/99--01055--009 ***\$900.00 ***\$900.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHOENING, RICARDO M. 10621 N. KENDALL DR., #215 MIAMI FL 33176		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date <b>APR 16, 1999</b>	
Signature of Registered Agent		REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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., and all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:		4.6.99 305 5804880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	