

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010650

1. Corporation Name

C. W. SCHNEIDER GENERAL CONTRACTORS, INC.

Principal Place of Business

14163 102ND AVE. NORTH
LARGO FL 33774

Mailing Address

14163 102ND AVE. NORTH
LARGO FL 33774

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2280 34th Way No.

Suite, Apt. #, etc.

Suite 1

City & State

LARGO FL

Zip

33771

Country

Pinellas

3. New Mailing Office Address, If Applicable

2280 34th Way No.

Suite, Apt. #, etc.

Suite 1

City & State

LARGO FLA

Zip

33771

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1995

5. FEI Number

59-3298380

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	BYINGTON, BILL	14163 102ND AVE. NORTH	LARGO FL 34774
VSD	SCHNEIDER, C.W.	14163 102ND AVE. NORTH	LARGO FL 34774

8. Name and Address of Current Registered Agent

BYINGTON, BILL
14163 102ND AVE. NORTH
LARGO FL 33774

9. Name and Address of New Registered Agent

Name

BYINGTON, BILL

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

2280 34th Way No.

Suite, Apt. #, Etc.

Suite 1

City

LARGO

State

FL

Zip Code

33771

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.

Signature of
Registered Agent

Signature of Registered Agent: William R. Byington

Date

1-28-02

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: William R. Byington

Date

1-28-02

Daytime Phone #

727-530-4408

CR2E040 (8/01)