# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 14, 2005**
**Secretary of State**

DOCUMENT# P95000017155

**Entity Name:** SCHIERAN INC.

**Current Principal Place of Business:**

19 CLOVERLEAF BYPASS
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

19 CLOVERLEAF BYPASS
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number: 59-3328790** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCLEAN, DOUG PA
300 NORTH CIRCLE
SEBRING, FL US

**Name and Address of New Registered Agent:**

MCLEAN, DOUG PA
300 NORTH CIRCLE
SEBRING, FL 33870 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOUG MCLEAN 10/14/2005
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: RANCOURT, TAL
Address: 19 CLOVERLEAF BYP.
City-St-Zip: LAKE PLACID, FL

Title: PS ( ) Delete
Name: RANCOURT, DARLENE
Address: 19 CLOVERLEAF BYP.
City-St-Zip: LAKE PLACID, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: RANCOURT, TAL
Address: 19 CLOVERLEAF BYP.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PS (X) Change ( ) Addition
Name: RANCOURT, DARLENE
Address: 19 CLOVERLEAF BYP.
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE RANCOURT PS 10/14/2005
Electronic Signature of Signing Officer or Director Date