PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB -3 A 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/08)

DOCUMENT # P95000018696

1. Corporation Name

Schmidt & Partner USA, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5500 Dogwood Way		5500 Dogwood Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apartment 171		Apartment 171	
City & State		City & State	
Lauderhill, Florida		Lauderhill, Florida	
Zip	Country	Zip	Country
33319-5111	USA	33319-5111	USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/06/1995

5. FEI Number: 65-0710551 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Evan B. Plotka, Esq.

Street Address (P.O. Box Number is Not Acceptable): 210 N. University Drive

Suite, Apt. #, Etc.: 209

City: Coral Springs | State: FL | Zip Code: 33071

☐ 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 _____ Date 01/27/2009

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
PSTD	Elard Schmidt	5500 Dogwood Way, Apt. 171	Lauderhill, Florida 33319-5111

500142713035
02/03/09--01019--009 **120.00

REINSTATEMENT
06-09 08

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: _____ E. Schmidt - PRESIDENT 01/28/09 (954) 331-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #