

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
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DOCUMENT # P95000018696

1. Corporation Name

Schmidt & Partner USA, Inc.

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

5500 Dogwood Way

3. Mailing Office Address

5500 Dogwood Way

Suite, Apt. #, etc.

Apartment 171

Suite, Apt. #, etc.

Apartment 171

City & State

Lauderhill, Florida

City & State

Lauderhill, Florida

Zip

33319-5111

Country

USA

Zip

33319-5111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1995

5. FBI Number
65-0710551

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 A (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

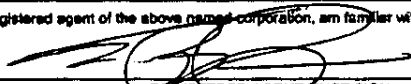
Zip Code

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)

Title	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--01/01/09--009 ***1201.00

REINSTATEMENT

06-09 018

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 disqualification 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E-SCHMIDT - PRESIDENT

Date

01/28/09

Daytime Phone #

(954)

334-7600