

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000066351

**FILED**  
**Jul 27, 2010**  
**Secretary of State**

**Entity Name:** CARY SCHOEMAN ENTERPRISES, INC.

**Current Principal Place of Business:**

18845 TRACER DR  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 677  
CRYSTAL BEACH, FL 34681 US

**New Mailing Address:**

**FEI Number:** 59-3336657      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHOEMAN, CARY  
18845 TRACER DR  
LUTZ, FL 33549 US

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

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:** CARY SCHOEMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SCHOEMAN, CARY S  
**Address:** 18845 TRACER DR  
**City-St-Zip:** LUTZ, FL 33549 US

I hereby 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 all other like empowered.

**SIGNATURE:** CARY SCHOEMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

07/27/2010

\_\_\_\_\_  
Date