

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 FEB 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016409

1. Corporation Name

Thomas G. Schulte, Inc.

Principal Place of Business

Mailing Address

22128 Woodset Way
Boca Raton FL 33428

22128 Woodset Way
BOCA RATON FL
33428

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

2. New Principal Office Address, if Applicable

N/A

3. New Mailing Office Address, if Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98-99
00

4. Date Incorporated or Qualified
To Do Business in Florida

2-27-1998

5. FEI Number

59-3363855

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Thomas G. Schulte	22128 Woodset Way	Boca Raton, FL 33428

300002792758-0
-03/03/99 -01004-005
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Carmichael, Kevin, Esq
BOCHANAN INGERSOL
19495 Biscayne Blvd. Suite 606
North Miami Beach, FL
33180

9. Name and Address of New Registered Agent

Name Thomas G. Schulte
Street Address (P.O. Box Number is Not Acceptable)
22128 WOODSET WAY
Suite, Apt. #, Etc.

City BOCA RATON

State FL

Zip Code 33428

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]

REGISTERED AGENT MUST SIGN

Date 2-23-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

2-23-99

Date

561-483-0392

Daytime Phone #

CR2E081 (12/98)