

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAR 12 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049674**

1. Corporation Name

LEE SCHILS, INC.

Principal Place of Business

Mailing Address

**370 WOODLAWN ROAD
FREEPORT FL 32439**

**370 WOODLAWN ROAD
FREEPORT FL 32439**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1996

5. FEI Number

59-3383083

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$875 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCHILS, LEE	370 WOODLAWN ROAD	FREEPORT FL 32439
VP	SCHILS, REBECCA	370 WOODLAWN ROAD	FREEPORT FL 32439
T	SCHILS, BRODRICK	370 WOODBLUM	FREEPORT FL 32439

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*******900.00 *****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCHILS, REBECCA
370 WOODLAWN ROAD
FREEPORT FL 32439**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Rebecca Schils

REGISTERED AGENT MUST SIGN

Date

3-11-02

11. 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:

Rebecca Schils **Rebecca Schils**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-02

Daytime Phone #

850-835-0150