

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049674**

1. Corporation Name

LEE SCHILS, INC.

Principal Place of Business

370 WOODLAWN ROAD
FREEPORT FL 32439

Mailing Address

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 ☐

\$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 3	City / State / Zip 4
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

8. Name and Address of Current Registered Agent

SCHILS, REBECCA
370 WOODLAWN ROAD
FREEPORT FL 32439

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Rebecca Schils

REGISTERED AGENT MUST SIGN

Date **10-27-03**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-03

Daytime Phone #

CR2E040 (7/03)

10-27-03

To Whom it may Concern.

el am asking that you waive the reinstatement fee for the corp. el did not receive first or second VBR notices. I am enclosing a CR for \$150.00 as el was instructed to do.

Rebecca Schils
V-Pres.
Lee Schils, Inc.