

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041943

1. Corporation Name

Schmitz, Taylor & Kraft, Inc.

2. Principal Office Address

1861 NW 97th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33172

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/16/1997

5. FEI Number

65-0751941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Javier A Jasbon

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

1861 NW 97th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Javier A Jasbon

Date 11/16/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Javier A Jasbon	1861 NW 97th Ave	Miami, FL-33172

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11/23/04--01022--013 **458.75

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 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:

Javier A Jasbon

11/16/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2082

Schmitz, Taylor & Kraft, Inc
1861 NW 97th Ave
Miami, Florida 33172

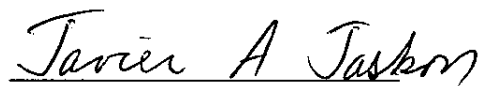
Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reinstatement: P97000041943
Schmitz, Taylor & Kraft, Inc.

Dear Sir or Madam:

We are attaching reinstatement form for our company for the years 2002, 2003, and 2004. We did not receive the form in year 2002 and we never filled it. For this reason we would like to have the reinstatement fee waved.

Thank you,


Javier A Jasbon
President