

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -8 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000057797

1. Corporation Name

RONALD S. SCHNEIDER, P.A.

2. Principal Office Address

9381 NW 15 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

9381 NW 15 ST.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

700015472337  
04/08/03--01056--017 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1/97

5. FEI Number

65-0770842

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

RONALD S. SCHNEIDER

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

9381 NW 15 STREET

Suite, Apt. #, Etc.

City

PLANTATION

State  
FL

Zip Code

33322

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

Ronald Schneider

Date 3-31-03

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
P	RONALD S. SCHNEIDER	9381 NW 15 ST	PLANTATION, FL 33322

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:

Ronald Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

954-747-3400

Daytime Phone #

CR2E081 (10/02)

2/4/8

LAW OFFICES

RONALD S. SCHNEIDER, P. A.

9381 NW 15 STREET  
PLANTATION, FL 33322

(954) 747-3400  
(305) 379-3100  
FAX (954) 476-9888

March 31, 2003

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

To Whom it May Concern:

It recently occurred to me that I had not received a bill for my annual corporate fee. Upon investigation I discovered that I had not received a bill and, therefore the corporation was not active, since I moved my office in 2000. Apparently, when I moved my office to the above address, the bills for my corporate fee were sent to my old address and never forwarded.

Please reinstate my corporation and accept my check for \$450.00 for the past three years.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Schneider", written in a cursive style.

Ronald Schneider