

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000066169

1. Entity Name
SCHNEIDER BROKERAGE, INC.



Principal Place of Business
580 SW ROMORA BAY
PORT SAINT LUCIE, FL 34986

Mailing Address
~~15046 CITRUS GROVE BLVD.~~
~~LOXAHATCHEE, FL 33470~~

2. Principal Place of Business

3. Mailing Address
580 SW Romora Bay

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port Saint Lucie, FL

Zip

Country

Zip
34986

Country
USA

10282004

REIN-P

CR2E098 (6/04)

4. FEI Number

~~65-0772520~~ 65-0772500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, JAY S
~~15277 CITRUS GROVE BLVD~~
~~LOXAHATCHEE, FL 33470~~

Name
SCHNEIDER, JAY S

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

580 SW Romora Bay

City Port Saint Lucie

FL

Zip Code
34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHCHNEIDER, JAY
580 SW ROMORA BAY
PORT SAINT LUCIE, FL 34986

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-04

7728788666

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/22

REINSTATEMENT

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[Handwritten signature]

Zelz

Jay & Katherine Schneider
580 SW Romora Bay ~ St. Lucie West, FL 34986
Tel.: 772-878-8666 ~ Fax: 772-343-8666

10/28/2004

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

Personal & Confidential: Mrs. Annette Ramsey

Dear Mrs. Ramsey,

This is to reiterate our telephone conversation that we had earlier this morning regarding not receiving my original 2004 annual report in the mail and to inform you in writing that you will find a check enclosed in the amount of \$ 150.00 dollars for my 2004 Schneider Brokerage, Inc. annual report on your Department of State document # P97000066169. I have enclosed your corporate form from your web site for you to make the changes.

Mrs. Ramsey, please update your records at the Department of State, Division of Corporations and please also notice that I did change the FEI # that you currently have as well from 65-0772520 to 65-0772500. I can always be reached for any questions at my home # 772-878-8666 or anything can be mailed to me at the address above.

I really appreciate your time, professionalism and thank you for your help with this matter. See you in person after the 1st of the year!

Respectfully,

Jay S. Schneider

