

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA 7000025056

1. Corporation Name

Schmiwei, Inc.

Principal Place of Business

Mailing Address

1836 Maywood Ct.
Marco Island, FL 34145

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

2. New Principal Office Address, If Applicable

581 Diplomat Ct.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country
Collier

3. New Mailing Office Address, If Applicable

581 Diplomat Ct.

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country
Collier

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1997

SP

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/S/T	Maximilian Karl Schmidt	581 Diplomat Ct. Marco	Marco Island, FL 34145

600003575626--5
01/26/01-01004-012
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

John S. Winnie
1100 5th Ave., S. Suite 211
Naples, FL 34102

9. Name and Address of New Registered Agent

Name

Ronald S. Webster

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

985 N. Collier Blvd.

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Karl Schmidt

1/8/01

Date

Daytime Phone #

941-394-8999

CR2E081 (12/98)