

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069934**

1. Corporation Name

SCHAEFER CONSULTING, INC.

Principal Place of Business

11718 N.W. 12TH ST.
PEMBROKE PINES FL 33026

Mailing Address

11718 N.W. 12TH ST.
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1998

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHAEFER, LYNN	11718 N.W. 12TH ST.	PEMBROKE PINES FL 33026

600003065106--5
-12/09/99--01038--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANDER, ALAN E C.P.A.
3230 STIRLING RD.
HOLLYWOOD FL 33021

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-99

Alan E. Stander, CPA, P.A.
660 Northwest 182nd Way
Pembroke Pines, Florida 33029
Phone (954) 436-1412

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Member of American Institute of
Certified Public Accountants
And Florida Institute of
Certified Public Accountants

November 22, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Schaefer Consulting, Inc.

Document: #P98000069934

Dear Sir or Madam:

I am writing this letter on behalf of my client listed above in response to your Notice of Administrative Dissolution. Please note that my client is in disagreement with your issuance of this notice.

Pursuant to my telephone conversation to your offices on Friday, November 19, 1999, I am writing this letter to ask for reinstatement for my client on the basis of reasonable cause. Please note that my client receives her mail at her home. The U.S. Postal Inspection Service and her local police department notified her that vandalism of mailboxes has been occurring in her neighborhood and that mail has been stolen. I have enclosed a copy of that notice for your convenience. It wasn't until my client received her notice of dissolution that she determined something was amiss. My client's business was incorporated during 1998. As she had never filed an annual report before this year, she did not realize that she wasn't getting her mail since she didn't know that this administrative filing was required.

My client has signed the required form and has submitted a check in the amount of \$150.00 for the initial filing fee. My client respectfully requests that the Department review the facts and reinstate the active status of this corporation, as there seems to have been factors beyond my client's control that contributed to the report not being timely filed.

Very Truly Yours,


ALAN E. STANDER, CPA

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UNITED STATES POSTAL INSPECTION SERVICE

FLORIDA DIVISION

August 7, 1999

Dear Postal Customer:

RE: Vandalism of Mailboxes

The U.S. Postal Inspection Service has received a report that some mailboxes have been broken into over the last couple of weeks at Pier Pointe. We need your assistance to help identify the individual(s) involved.

Please advise our office if you witnessed this or any other mailbox vandalism. If you had a check, money order or credit card stolen as a result of this vandalism, please contact the postal inspection office at the below address or telephone number. All information will be kept confidential.

The information you provide to postal inspectors will not cause a replacement check or credit card to be issued. It is your responsibility to contact the appropriate agency and request replacement of the lost item.

If you have suffered any loss of mail due to any vandalism please call (954)436 7200 to file an official complaint. Thank you for your assistance in this matter.

Sincerely,

U.S. Postal Inspection Service
3400 Lakeside Dr. 6th Floor
Miramar, FL 33027-3242
(954)436-7200