

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 22 AM 10:34

DOCUMENT # P99000041696

1. Corporation Name

SCHOEPP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

830 GULF SHORE DR. UNIT 5095
DESTIN FL 32541

830 GULF SHORE DR. UNIT 5095
DESTIN FL 32541



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/07/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3574828	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	SCHOEPP, ANDY L	830 GULF SHORE DR. UNIT 5095	DESTIN FL 32541

3000003493243-1
-12/11/00--01034--008
****750.00 ****750.00
AP 12/5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAUGHT, BRUCE A
501 HIGHWAY 98 SUITE G
DESTIN FL 32541

Name Andy L. Schoepf
Street Address (P.O. Box Number is Not Acceptable) 830 Gulf Shore Dr.
Suite, Apt. #, Etc. #5095
City Destin State FL Zip Code 32541

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

Andy L. Schoepf
REGISTERED AGENT MUST SIGN

Date 11-12-00

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: Andy L. Schoepf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-17-00 (850) 650-7465