

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P990000 S9272

1. Corporation Name

Scherer Installations, Inc.

2. Principal Office Address

5657 Painted Leaf Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

3. Mailing Office Address

5657 Painted Leaf Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/99

5. FEI Number

S9-358 S129

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

Thomas Wanderson

400024936214

11/21/03--01080--011 **150.00

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

868 106th Avenue North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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 X

Date 11/18/03

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
<u>D/P</u>	<u>Robert J. Scherer</u>	<u>5657 Painted Leaf Lane</u>	<u>Naples, FL 34116</u>

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: X Robert J. Scherer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Scherer

Date

Daytime Phone #

CR2E081 (10/02)

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

November 11, 2003

Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Scherer Installations, Inc.
512 Chatham Circle
Naples, FL 34110
P99000059272; 2003 UBR

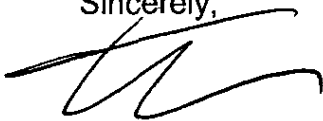
We are the Registered Agent for the above named corporation. It has come to our attention that the corporation has been administratively dissolved for failure to file the 2003 Uniform Business Report.

The corporation did not receive any of the notices sent by the state regarding the 2003 UBR. The address as shown on the state's records is the former address of the incorporating party and is not a valid address for Scherer Installations, Inc. The corporation's officers and address have been updated on the attached Reinstatement Form.

As such, we respectfully request on behalf of the corporation, a waiver of reinstatement fees and request that the corporation be allowed to file its annual report (via the Reinstatement Form) with the 2003 filing fee of \$150 (enclosed.) Please advise the corporation and my office as the Registered Agent accordingly.

Expedited service would be very appreciated. Thank you.

Sincerely,



Thomas Wanderson, Registered Agent
Tax, Accounting & Financial Associates, Inc.



Robert Scherer, President
Scherer Installations, Inc.

TW/II