

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -8 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **SO7951**

1. Corporation Name

Schultz Angelo Group, Inc.

Principal Place of Business

Mailing Address

**11363-300 San Jose Blvd.
Jacksonville, Fla. 32223**

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

2. New Principal Office Address, If Applicable

11363-300 San Jose Blvd.

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/90

5. FEI Number

59-3034250

Applied For

Not Applicable

City & State

Jacksonville, Fla

City & State

Zip

32223 Duval

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ 58 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	2	3	4
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
Pres	Marc C. Angelo	2646 Sims Cove Ln	Jacksonville, Fla 32223
V.P.	John R. Schultz	1823 Seminole Rd	Jacksonville, Fla. 32205
			700003047117--4
			11/17/99-01054-005
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

**E. Allen Hieb Jr.
13 Gulf Life Drive
Suite 800
Jacksonville, Fla 32207**

9. Name and Address of New Registered Agent

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

E. Allen Hieb Jr. **for Jean Kane**

REGISTERED AGENT MUST SIGN

Date

11/3/99

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.

Marc Angelo - President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/99 904-068-0247

CR2E081 (12/98)