

# 2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2008 MAY 29 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05222008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # S38792</b>					
1. Entity Name SCHNYDER INVESTMENTS, INC.					
Principal Place of Business 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0211033	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GREUSEL, JAMIE B. C/O BERRY & GREUSEL 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHNYDER, SAMUEL 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400130439854 05/29/08--01029--026 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNYDER, BLANKA 1104 N COLLIER BLVD MARCO ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>S. Schnyder</u> _____ Samuel Schnyder			Date: <u>May 22, 2008</u> _____ Daytime Phone # _____		

REINSTATEMENT  
07-08