

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -6 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **562470**

1. Corporation Name  
**SCH Rand Corporation**

Principal Place of Business Mailing Address  
**4619 ST Johns Avenue Jacksonville Florida 32210** *Same*

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

2. New Principal Office Address, If Applicable  
**4619 ST Johns Avenue**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.

City & State  
**JAX FLA**

City & State

Zip  
**32210**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida  
**6/26/91**

5. FEI Number

**59-3074478**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT **97-98**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
1	2	3	4
<b>ID</b>	<b>Ralph L Utley JR</b>	<b>4619 ST Johns Avenue</b>	<b>JAX FLA 32210</b>
<b>P/D</b>	<b>Walter J Hartley JR</b>	<b>4619 ST Johns Avenue</b>	<b>JAX FLA 32210</b>
			<b>900002519569--5</b>
			<b>-05/12/98--01016--016</b>
			<b>***1050.00 ***1050.00</b>
			<b>900002519569--5</b>
			<b>-05/12/98--01016--016</b>
			<b>*****8.75 *****8.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ralph L Utley JR**  
**4619 St. Johns Avenue**  
**Jacksonville, Florida 32210**

Name

**Same**

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

**Ralph L Utley JR**  
REGISTERED AGENT MUST SIGN

Date **May 6, 1998**

11. This corporation owes or has paid 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.

SIGNATURE:

**Ralph L Utley JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 6, 1998**  
Date

**904 384-9030**  
Daytime Phone #