

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V01184

1. Corporation Name

WILMA SCHUMANN INTERNATIONAL,
INC.

Principal Place of Business

2121 Ponce de Leon Blvd.
Suite 530
Coral Gables, FL 33134

Mailing Address

c/o Harriette E. Barnes
1011 NW 108 Ave.
Plantation, FL 33322

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

2. New Principal Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 530

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/91

5. FEI Number

65-0308326

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SCHUMANN, WILMA	2121 Ponce de Leon Blvd. #530	Coral Gables, FL 33134
			600002321176--0 -10/15/97--01087--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Wilma Schumann
3125 Virginia Ave.
Miami, FL 33133

9. Name and Address of New Registered Agent

Name

WILMA SCHUMANN

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

2121 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 530

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Wilma Schumann, P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/97

Date

(305) 448-2787

Daytime Phone #

FILED

97 OCT 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

CR2E040 (12/95)