

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 27 AM 10:47

DOCUMENT # V30871

1. Corporation Name
Schroll Corporation

237 Joel Boulevard

2. Principal Office Address
237 Joel Boulevard

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

Zip
33972

Country
USA

3. Mailing Office Address
P.O. Drawer 60205

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip
33906

Country
USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 04/21/1992

5. FEI Number
650406733

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

Robert D. Royston, Jr.

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

12670 New Brittany Blvd.

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers,

State
FL

Zip Code
33907

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

REGISTERED AGENT MUST SIGN

Date

9/24/2004

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
D/P	SCHROLL ROBERT F.X.	517 THOMPSON AVE	LEHIGH ACRES, FL 33972

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:

SCHROLL ROBERT F 7-22-04 229-365-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/04)