

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 10 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400137782674
11/10/08--01031--015 **300.00

DOCUMENT # **V58035**

1. Corporation Name
GEORGE H. SCHULTE REALTY INC

REINSTATEMENT 07-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
5758 SW 48 TERR

3. Mailing Office Address
650 NW 180 TERR

Suite, Apt. #, etc.
SUITE 103

City & State
MIAMI FL **PEMBROKE PINES FL**

Zip Country Zip Country
33155 **33029**

4. Date Incorporated or Qualified To Do Business in Florida **8/17/1992**

5. FEI Number **65-0360821** 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 **ADA BRAVO**

Street Address (P.O. Box Number is Not Acceptable)
650 NW 180 TERR

Suite, Apt. #, Etc.
SUITE 103

City **PEMBROKE PINES** State **FL** Zip Code **33029**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Ada Bravo* Date **11/4/08**
REGISTERED AGENT MUST SIGN

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
P, D	SCHULTE, JOSEPH	5758 SW 48 TERR	MIAMI FL 33155

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 contained in Chapter 119, 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: *Joseph Schulte* Date **11/4/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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George H. Schulte Realty, Inc.
c/o Bravo Accounting
650 NW 180th Terrace, Suite 103
Pembroke Pines, FL 33029

November 4, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: V58035

Dear Sir or Madam:

We are enclosing the Corporation Reinstatement for above corporations with a check for \$300.00. We also ask that you consider not charging us any penalty. We did not receive the reminder notice of renewal and because at the time we were struggling with some health issues, we overlooked the expiration date. Our intention has never been to avoid paying the appropriate fees and for this reason we ask for your consideration.

Please accept our check and payment for \$300.00 and consider not penalizing us. We truly appreciate your cooperation and consideration.

Sincerely,



Joseph Schulte, President
George H. Schulte Realty, Inc.