

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 18 PM 4:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A03000000888

1. Corporation Name

Schechter Family Investments, Ltd.

2. Principal Office Address - No P.O. Box #

21211 N.E. 38th Avenue

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip

33180

Country

USA

3. Mailing Office Address

21211 N.E. 38th Avenue

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip

33180

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

June 13, 2003

5. FEI Number

571172125

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

Richard Schechter

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

21211 N.E. 38th Avenue

Suite, Apt. #, Etc.

City

Aventura,

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date November 24, 2008

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
Ptnr	Richard Schechter	21211 N.E. 38th Avenue	Aventura, Fl. 33180
Ptnr	Eileen Schechter	21211 N.E. 38th Avenue	Aventura, Fl. 33180
			200138347812 12/01/08--01075--017 **908.75
			200138347812 12/22/08--01001--013 **1591.25
REINSTATEMENT 2004-2008			

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:

Richard Schechter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 24, 2008 305-374-7433

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 DEC 18 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 3, 2008

SCHECHTER FAMILY INVESTMENTS, LTD
21211 NW 38TH AVE
AVENTURA, FL 33180

SUBJECT: SCHECHTER FAMILY INVESTMENTS, LTD.
Ref. Number: A03000000888

We have received your document for SCHECHTER FAMILY INVESTMENTS, LTD. and check(s) totaling \$908.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$1591.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$3,000.00 if your reinstatement is submitted after January 1st.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00059061