PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 10 AM 10:53

1. DOCUMENT # L02000016554

Name and Mailing Address

0010504 01 AT 0.292 **AUTO T9 0 0615 34203-550220

SCHULTZ SERVICES, LLC
5520 41ST STREET EAST
BRADENTON FL 34203-5502

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 07/01/2002

Principal Place of Business
5520 41ST STREET EAST
BRADENTON FL 34203

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

SCHULTZ, RONALD C
5520 41ST STREET EAST
BRADENTON FL 34203

9. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
400024569414
11/10/03--01086--018 **150.00

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Ronald Schultz SIGNATURE REQUIRED Date 10-22-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ronald C. Schultz	5520 41st St. E. Bradenton, FL 34203	Bradenton, FL 34203

REINSTATEMENT 03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage Ronald Schultz SIGNATURE REQUIRED Date 10-22-03 Daytime Phone # 941-7206220

Typed or printed name of signing Managing Member/Manager