

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **L 05000121979**

1. Limited Liability Company's Name

SCHOENDORFER GROUP HOLDINGS LLC

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

20571 SW 87 CT.

Suite, Apt. #, etc.

City & State

CUTLER BAY, FLORIDA

Zip

33189

Country

USA

3. Mailing Office Address

20571 SW 87 CT

Suite, Apt. #, etc.

City & State

CUTLER BAY, FLORIDA

Zip

33189

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

12/23/2005

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

Name

GEORGE SCHOENDORFER

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

20571 SW 87 CT.

Suite, Apt. #, Etc.

City

CUTLER BAY

State

FL

Zip Code

33189

A \$100 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 \$100 reinstatement be waived.

9. 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

George Schoendorfer

REGISTERED AGENT MUST SIGN

Date

7/17/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	GEORGE SCHOENDORFER	20571 SW 87 CT	CUTLER BAY, FL 33189
MEM	LOREN MATTHEWS	6703 SW 88 ST. #405	PINECREST, FL. 33156

REINSTATEMENT

George Schoendorfer

400158961254
07/28/09--01007--001 **\$60.00

11. 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/Manager

George Schoendorfer

Date

7/17/09

Daytime Phone # **305-710-7400**

Typed or printed name of signing Managing Member/Manager

GEORGE SCHOENDORFER