

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

02 DEC -4 AM 8:22

1. DOCUMENT # L00000001254

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009834 01 FP 0.352 \*\*PRSRTH4 0 0615 32961-055050



DAVID P. RUPPERT, L.L.C.

P.O. BOX 550

VERO BEACH FL 32961-0550



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

02/01/2000

Principal Place of Business

3925 9TH PLACE  
VERO BEACH FL 32960

3. New Principal Place of Business Address

842 41ST CT  
VERO BEACH FL 32960

6. FEI Number

65-0989959

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

RUPPERT, DAVID P  
3925 9TH PLACE  
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

City

300009331573  
12/04/02--01006--004 \*\*100.00  
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

REGISTERED AGENT MUST SIGN

Date 11-24-02

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	RUPPERT, DAVID L	3925 9TH PLACE	VERO BEACH FL 32960
MGRM	RUPPERT, MARGARET	3925 9TH PLACE	VERO BEACH FL 32960

12/04/02--01006--005 \*\*55.00

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/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DAVID P RUPPERT

CR2E084 (8/02)