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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L00000014288

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 17 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014288

Name and Mailing Address

0005705 01 FP 0.352 **PRSRT TB 0 0615 34202-420150

SCHIEB & WITTMER, LLC
8433 ENTERPRISE CIRCLE, SUITE 200
BRADENTON FL 34202-4201

2. New Mailing Address: P.O. Box 50307

City, State, Zip: SARASOTA, FL 34232

Principal Place of Business: 8433 ENTERPRISE CIRCLE, SUITE 200, BRADENTON FL 34202

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 11/13/2000

6. FEI Number: # 65-1056665 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

CR2E084 (8/02)

8. Name and Address of Current Registered Agent	**9. Name and Address of New Registered Agent**
SCHIEB, SCOTT A 8433 ENTERPRISE CIRCLE, SUITE 200 BRADENTON FL 34202	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Date 12-10-02

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	SCHIEB, SCOTT A	8433 ENTERPRISE CIRCLE, SUITE 200	BRADENTON FL 34202
MGRM	WITTMER, STEVEN T	2014 FOURTH STREET	SARASOTA FL 34237

FEB 1

REINSTATEMENT 2002

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12/16/02--01083--005 **150.00

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 12-10-02 Daytime Phone # 941-907-8899

Typed or printed name of signing Managing Member/Manager SCOTT A. SCHIEB