

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

04 APR 22 AM 7:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L01000014665

Name and Mailing Address

0003536 01 AT 0.292 **AUTO T5 0 0615 32805-124975



M SCHREIBER INVESTMENTS, LLC
607 TRIUMPH COURT
SUITE C
ORLANDO FL 32805-1249



4/22

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 08/28/2001

Principal Place of Business
607 TRIUMPH COURT
SUITE C
ORLANDO FL 32805

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
NOT APPLICABLE
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

SCHREIBER, MARGARET H
607 TRIUMPH COURT
SUITE C
ORLANDO FL 32805

9. Name and Address of New Registered Agent

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

Margaret H. Schreiber
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4/19/04

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
MGR	SCHREIBER, MARGARET H	607 TRIUMPH COURT, SUITE C	ORLANDO FL 32805

800035824518
05/10/04--01089--021 **200.00

REINSTATEMENT 2003-2004

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

Margaret H. Schreiber

Date 4/19/04

Daytime Phone # 407-522-1885

Typed or printed name of signing Managing Member/Manager

Margaret H. Schreiber