

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

2003 NOV 20 AM 9:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008514

Name and Mailing Address

0015340 01 MB 0.309 **AUTO T7 0 0615 07201-192130



SCHWEKY INVESTMENTS, L.C.
930 MAGNOLIA AVE.
ELIZABETH NJ 07201-1921

US



09/15/03 503260901152 90097 017 \$50.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 04/10/2002

Principal Place of Business
19355 TURNBERRY WAY
SUITE 2-F
AVENTURA FL 33140
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
01 0724787
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

AMSALEM, FRANK
777 ARTHUR GODFREY ROAD
SECOND FLOOR
MIAMI BEACH FL 33140

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

SIGNATURE REQUIRED

Date

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
MRGM	SCHWEKY, ISAAC B	930 MAGNOLIA AVE.	ELIZABETH NJ 07201
MGRM	SCHWEKY, ISAAC E	930 MAGNOLIA WAY	ELIZABETH NJ 07201

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date

11/10/03

Daytime Phone #

9085276222

Typed or printed name of signing Managing Member/Manager