

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 15 PM 2: 22

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000000693

1. Limited Liability Company's Name

CARLOS SCHINDLER LLC

500140787085
01/15/09--01012--002 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 402 Robert RD		3. Mailing Office Address 402 Roberts Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Seffner FL		City & State Seffner FL	
Zip 33584	Country USA	Zip 33584	Country USA

4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida Jan 5, 2004	
6. FEI Number 20-0543470	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name KEITH KOEHLER		
Street Address (P.O. Box Number is Not Acceptable) 1611 West Platt ST		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33606

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

REGISTERED AGENT MUST SIGN

Date 1-12-2009

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
MGRM	Carlos Schindler	202 Dogwood DR	Plant City FL 33565

REINSTATEMENT 07-09 801

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

Date 1-12-2009

Daytime Phone# 813-928-0008

Typed or printed name of signing Managing Member/Manager Carlos Schindler