

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 12 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L05000002055

1. Limited Liability Company's Name

Semmel and Associates, LLC

100166023761  
01/13/10--01021--017 \*\*\$16.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

4720 SW 25th Terrace

Suite, Apt. #, etc.

City & State

Dania Beach, FL

Zip

33312

Country

USA

3. Mailing Office Address

1532 Massachusetts St.

Suite, Apt. #, etc.

#1

City & State

Lawrence, KS

Zip

66044

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

1/7/2005

6. FEI Number

20-2118528

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

Name

Cheryl L. Semmel

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

4720 S.W. 25th Terrace

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33312

☐ 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

Date 12/15/2009

REGISTERED AGENT MUST SIGN

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
MGMR	Cheryl L. Semmel	4720 S.W. 25th Terrace	Dania Beach, FL 33312

JB

**REINSTATEMENT** 2008-10

11. E-mail Address: clsemmel@gmail.com

(To be used for future annual report notifications)

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 12/15/09

Daytime Phone # 785-224-1377

Typed or printed name of signing Managing Member/Manager Cheryl L. Semmel