

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2009-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000117649**

1. Limited Liability Company's Name

Schoeppler & Associates, LLC

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

420 S. Cedar Ave

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

USA

3. Mailing Office Address

420 S. Cedar Ave.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33606

Country

USA

4. State/Country of Formation

Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

12/05/2005

6. FEI Number

20-3948784

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

Detlef M. Schoeppler

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

420 S. Cedar Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

E-mail Address:

800253975548

05/07/14--01025--005 **793.75

detlef.m.schoeppler@ampf.com

(To be used for future annual report notices)

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

[Signature]

REGISTERED AGENT MUST SIGN

800253975548

06/06/14--01030--015 **147.50

Date

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	Detlef M. Schoeppler	420 S. Cedar Ave.,	Tampa, Fl. 33606

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

10/19/2013

Daytime Phone #

813 253 3171

Typed or printed name of signing Managing Member/Manager

Detlef Schoeppler