

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L94000000232

Inter Building Marketing Limited Company
P.O. Box 3143
Naples, Florida 33939

1a. Principal Place of Business Address

481 17th Avenue South
Naples, Florida

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

481 17th Avenue South
Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 3143
Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

Country

City & State

Naples, Florida

Zip

Country

33939

3. Date Organized or Qualified

3a. State of Formation

Florida

4. FEI Number

65-0575359

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Gudrun M. Nickel
350 5th Avenue S
Suite 200
Naples, Florida 33940

Name

Mark V. Silverio

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

44 West Flagler Street, Suite 2450

Suite, Apt. #, etc.

City

Miami

Zip Code

FL

33130

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

Mark V. Silverio
(Mark V. Silverio)

Date

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

~~P~~
~~VP~~
~~Sec.~~
Hans-Juergen Schache
Susanne Schache

481 17th Avenue South
481 17th Avenue South

Naples, Florida
Naples, Florida

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***712.50 ***712.50

REINSTATEMENT

97 Dec
dec

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

11/24/97

Daytime Phone # 941 643-1606

Typed or printed name of signing Managing Member/Manager

Susanne Schache