

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 1:02

DOCUMENT #

L94-646

1. Limited Liability Company's Name

FLORIDA GULF LIMITED COMPANY

2. Principal Office Address

L'ELEGANCE

Suite, Apt. #, etc. A101

1800 BENJAMIN FRANKLIN

City & State

SARASOTA FLORIDA

Zip

34236

Country

USA

3. Mailing Office Address

GLEN SCHAFFERT

Suite, Apt. #, etc.

4005 CROYDON DR NW

City & State

CANTON OHIO

Zip

44718

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

11-28-94

6. FEI Number

31-1423846

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

GLEN SCHAFFERT

500003478945-8

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

1800 BENJAMIN FRANKLIN DR

Suite, Apt. #, Etc.

A101

City

SARASOTA

State

FL

Zip Code

34236

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

Glen A Schaffert

REGISTERED AGENT MUST SIGN

Date 11-3-00

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
MEM	GLEN SCHAFFERT	4005 CROYDON DR NW	CANTON OH 44718
MEM	DONALD BAKER	23512 QUAIL HOLLOW DR	WESTLAKE OH 44145

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

Glen A Schaffert

Date 11-3-00 Daytime Phone # 330 255 5202

Typed or printed name of signing Managing Member/Manager

GLEN A SCHAFFERT

CR2E041 (9/00)