

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

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000646

1. Limited Liability Company's Name

FLORIDA GULF LIMITED COMPANY

2. Principal Office Address

L'ELEGANCE
Suite, Apt. #, etc. 1800 BENJAMIN
A101 FRANKLIN DR

City & State

SARASOTA FL

Zip

34236

Country

USA

3. Mailing Office Address

GLEN SCHAFFERT

Suite, Apt. #, etc.

City & State

CANTON OHIO

Zip

44718

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FL / 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 Certificate of Status

8. Name and Address of Current Registered Agent

Name

GLEN SCHAFFERT

500004676595-9

-11/13/01--01057--002

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

1800 BENJAMIN FRANKLIN DR

***150.00 ***150.00

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 Schaffert
REGISTERED AGENT MUST SIGN

Date 10-23-01

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
MBRM	DONALD T BAICER	23512 QUAIL HOLLOW DR	WESTLAKE OHIO
MBRM	GLEN SCHAFFERT	4005 CROYDON DR NW	CANTON OHIO 44718

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
Typed or printed name of signing Managing Member/Manager

Date 10-23-01

Daytime Phone # 330-255-5202

CR2E041 (9/01)