

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**  
00 APR 13 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WR  
4/17

**DOCUMENT #** L97000000849

**1. Limited Liability Company's Name**

THELEN ENTERPRISES, L.C.

**2. Principal Office Address**

5393 Gulf of Mexico Dr.

Suite, Apt. #, etc.

112B

City & State

Longboat Key, FL

Zip

34228

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

8/4/97

**6. FEI Number**

65-0829804

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

THELEN, GEORGE J.

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

5393 Gulf of Mexico Dr.

Suite, Apt. #, Etc.

112B

City

Longboat Key, FL

State

FL

Zip Code

34228

**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

REGISTERED AGENT MUST SIGN

Date

4/11/00

**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
MGRM	Thelen, George J.	5393 Gulf of Mexico Dr., 5393 Gulf of Mexico Dr. 112B	Longboat Key, FL 34228

**REINSTATEMENT**

1999 - 2000

**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

4/11/00

Daytime Phone #

941-383-4652

Typed or printed name of signing Managing Member/Manager

GEORGE J. THELEN



FILED  
Raymond Stuplee, C.P.A.  
Norman J. Shea, III, C.P.A.  
Thomas R. Cramer, C.P.A.  
Joseph E. Ruckelshaus, III, C.P.A.

00 APR 13 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

April 10, 2000

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter No. 000A00016086

Dear Sir or Madam:

Attached is a copy of your letter dated March 23, 2000 regarding the general partner for Thelen Family Partnership, LTD. We are returning the 2000 UBR for Thelen Family Partnership, Ltd., along with the application for reinstatement for it's general partner, Thelen Enterprises, L.C.

The managing member of Thelen Enterprises, L.C. has no record of receiving the Uniform Business Report for 1999 and had no knowledge that the entity had been administratively dissolved for not filing the annual report for 1999. Mr. Thelen is involved with two other entities that file the UBR and filed each in a timely manner for 1999.

We have enclosed the annual fee for 1999 and 2000 for Thelen Enterprises, L.C. of \$50.00 per year for a total of \$100.00. We respectfully request that you abate the reinstatement fee of \$100.00 since Mr. Thelen apparently did not receive the UBR in 1999 and did not knowingly intend to have the entity dissolved.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Thomas R. Cramer'.

Thomas R. Cramer, CPA

TRC/nw

The above statement is true and accurate:

A handwritten signature in cursive script, appearing to read 'George J. Thelen'.

George J. Thelen, Managing Member

4/11/00  
Date