

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1997

**LIMITED LIABILITY COMPANY REINSTATEMENT ANNUAL REPORT**

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

**DOCUMENT #** L97000001079

**1. Limited Liability Company's Name**  
ENGELMAIER ASSOCIATES, L.C.

**2. Principal Office Address**  
7 JASMINE RUN  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
7 JASMINE RUN  
Suite, Apt. #, etc.

**City & State**  
ORMOND BEACH, FL

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ORMOND BEACH, FL

**Zip** 32174 **Country**

**Zip** 32174 **Country**

**FILED**  
99 NOV -1 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**8. Name and Address of Current Registered Agent**

**Name** WERNER ENGELMAIER **400003047324-9**

**Street Address (P.O. Box Number is Not Acceptable)** 7 JASMINE RUN **-11/17/93-01061-01**  
**\*\*\*188.75 \*\*\*150.00**

**Suite, Apt. #, Etc.**

**City** ORMOND BEACH, **State** FL **Zip Code** 32174

**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** *Werner Engelmaier* **Date** 12/29/99

**REGISTERED AGENT MUST SIGN**

**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
MM	WERNER ENGELMAIER	7 JASMINE RUN	ORMOND BEACH, FL 32174

*12/28-99*

**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 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** *Werner Engelmaier* **Date** 12/29/99 **Daytime Phone #** 904-437-8747

**Typed or printed name of signing Managing Member/Manager** WERNER ENGELMAIER

**ENGELMAIER ASSOCIATES, L.C.**

Electronic Packaging, Interconnection  
and Reliability Consulting

E-mail: Engelmaier@aol.com

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Phone: (904) 437-8747  
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Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

October 29, 1999

**SUBJECT: ENGELMAIER ASSOCIATES, L.C.  
DOCUMENT NUMBER: L97000001079**

We are in receipt of your letter of October 18, 1999 regarding the administrative dissolution of our company, including a Certificate of Dissolution and a form titled "Limited Liability Company Reinstatement".

We have never received either the forms required for the filing of the Florida Annual Report, nor did we receive any Notice of a Proposed Dissolution.

Upon talking with your office, I was advised to cross out the word "REINSTATEMENT" on the form and substitute the words "ANNUAL REPORT". Filling out this form and the submission of \$188.75 would suffice to reverse the administrative dissolution, since with neither received the forms required for the filing of the Florida Annual Report nor the Notice of Proposed Dissolution.

I hope that in the future this interaction will not be necessary; I have flagged February 15<sup>th</sup> as the date by which we should have received either the forms required for the filing of the Florida Annual Report on our computers.

Att.: "Limited Liability Company  
Annual Report"  
Check for \$ 188.75

Sincerely yours,



Werner Engelmaier  
President

