

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 DEC 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L98000000381**

1. Limited Liability Company's Name

A.L. PEPPER LLC

2. Principal Office Address

7225 ST ANNS CT

Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip

33908

Country

USA

3. Mailing Office Address

123 N MAIN ST

Suite, Apt. #, etc.

City & State

DUBLIN, PA

Zip

18917

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

MARCH 1998

6. FEI Number

23-2955578

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

LOREN A SCHULTZ

200003510502 - 0

12/21/00 01050 023

*****150.00 ***150.00**

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

7225 ST ANNS CT

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33908

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

Loren A Schultz

Date **12-7-00**

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
<i>Pres</i>	LOREN A SCHULTZ	7225 ST ANNS CT	FT MYERS FL 33908

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

Loren A Schultz

Date **12-7-00**

Daytime Phone # **215 249-9401**
941 433 0917

Typed or printed name of signing Managing Member/Manager

LOREN A SCHULTZ

CR2E041 (9/99)