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AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAR 18 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**DOCUMENT #** L98000000381

1. Limited Liability Company's Name  
A. L. Pepper, LLC

**REINSTATEMENT**

*2001-2002*

2. Principal Office Address <u>7225 St. Anns Ct.</u>		3. Mailing Office Address <u>123 North Main Street</u>		4. State/Country of Formation <u>Florida</u>	
Suite, Apt. #, etc. <u>n/a</u>		Suite, Apt. # etc. <u>n/a</u>		5. Date Organized or Qualified To Do Business in Florida <u>3/27/1998</u>	
City & State <u>Ft. Myers, FL</u>		City & State <u>Dublin, PA</u>		6. FEI Number <u>232955578</u>	
Zip <u>33908</u>	Country <u>USA</u>	Zip <u>18917</u>	Country <u>USA</u>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					

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

Name <u>Loren A. Schultz</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>7225 St. Anns Ct.</u>		
Suite, Apt. #, Etc. <u>n/a</u>		
City <u>Ft. Myers</u>	State <u>FL</u>	Zip Code <u>33908</u>

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 \_\_\_\_\_ Date \_\_\_\_\_  
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
Pres.	Loren A. Schultz	7225 St. Anns Court	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 it made under oath.

Signature of Managing Member/Manager Loren A. Schultz Date 3-11-02 Daytime Phone # 215-249-9401

Typed or printed name of signing Managing Member/Manager Loren A. Schultz