

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 31 AM 10:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/31/02 01095--003 **150.00
600008732286
10/31/02--01095--003 **150.00



1. DOCUMENT # L98000002150

Name and Mailing Address

0010304 01 FP 0.352 **PRSRT H7 0 0615 33913-801801
KOECKRITZ ENTERPRISES, L.L.C.
12601 WESTLINKS DRIVE, STE. 5
FT. MYERS FL 33913-8018

2. New Mailing Address

12650 Westlinks Drive, Suite 8
City, State, Zip
Ft Myers, FL 33913

Principal Place of Business

12601 WESTLINKS DRIVE, STE. 5
FT. MYERS FL 33913

3. New Principal Place of Business Address

12650 Westlinks Dr, Suite 8
City, State, Zip
Ft Myers, FL 33913

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/07/1998

6. FEI Number

65-0868780

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

KOECKRITZ, GEORGE
1704-B PARK CENTRAL BOULEVARD, NORTH
POMPAÑO BEACH FL 33064

9. Name and Address of New Registered Agent

Name Koeckritz, George
Street Address (P.O. Box Number is Not Acceptable)
1731 Upland Road
City West Palm Beach FL Zip Code 33409

10. 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KOECKRITZ ENTERPRISES, INC.	1704-B PARK CENTRAL BOULEVARD, NORTH	POMPAÑO BEACH FL 33064
MGRM	Koeckritz Enterprises, Inc.	1731 Upland Road	West Palm beach, FL 33409

REINSTATEMENT 2002

12. 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

10/24/02

Daytime Phone #

561-656-4553

Typed or printed name of signing Managing Member/Manager

George Koeckritz

CR2EC84 (8/02)