


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 NOV 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002371

1. Limited Liability Company's Name

Szuluk Family I. L. C.

REINSTATEMENT 2000

2. Principal Office Address

41 Lost Beach Lane

Suite, Apt. #, etc.

3. Mailing Office Address

41 Lost Beach Lane

Suite, Apt. #, etc.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

4/27/99

6. FEI Number

65-0913743

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

City & State

Vero Beach FL

Zip

32963

Country

USA

City & State

Vero Beach FL

Zip

32963

Country

USA

8. Name and Address of Current Registered Agent

Name

Charles W. Szuluk

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

41 Lost Beach Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

11/17/00

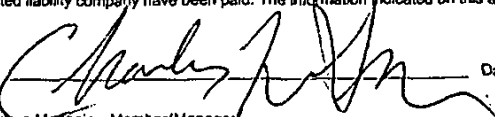
REGISTERED AGENT MUST SIGN

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
Manager	Charles W Szuluk	41 Lost Beach Lane	Vero Beach FL 32963

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

11/17/00

Daytime Phone #

561-2346375

Typed or printed name of signing Managing Member/Manager