

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED
FILED**

13 DEC -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004106

1. Limited Liability Company's Name

SCHWESTER INVESTMENTS, L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

9809 NW 80th Avenue

Suite, Apt. #, etc.

Suite 10-A

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

9809 NW 80th Avenue

Suite, Apt. #, etc.

Suite 10-A

City & State

Hialeah, FL

Zip

33016

Country

USA

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

07/08/1999

6. FEI Number

65-934248

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

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

E-mail Address:

mhn@pnrlaw.com

(To be used for future annual report notices)

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

by: [Signature]

REGISTERED AGENT MUST SIGN

Date **12/06/2013**

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
Man	Edith Neuwahl	13633 Deering Bay Drive	Miami, FL 33156

000254535980
12/03/13--01003--026 **238.75

REINSTATEMENT

DEC 09 2013

R. HUNT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

by: Edith Neuwahl, mgr

Date **12/06/2013**

Daytime Phone # **305-465-3311**

Typed or printed name of signing Managing Member/Manager