

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

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009385

1. Limited Liability Company's Name

95 INVESTMENT PARTNERS, LLC

2. Principal Office Address

3936 N. Tamiami Tr

Suite, Apt. #, etc.

#B

City & State

NAPLES FL

Zip

34103

Country

U.S.A.

3. Mailing Office Address

3936 N. Tamiami Tr

Suite, Apt. #, etc.

#B

City & State

NAPLES, FL

Zip

34103

Country

U.S.A.

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12-30-99

6. FEI Number

65-0640887

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

KAY E. Schumacher

700004762607-5

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

3936 N. Tamiami Tr

01/09/02-01044-080

***150.00 ***150.00

Suite, Apt. #, Etc.

#B

City

NAPLES

State

FL

Zip Code

34103

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

K E Schumacher

REGISTERED AGENT MUST SIGN

Date 12/20/01

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
MEM	KAY E. Schumacher	3936 N. Tamiami Tr	NAPLES FL 34103

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

K E Schumacher

Date 12/20/01

Daytime Phone 941-434-9687

Typed or printed name of signing Managing Member/Manager

KAY E Schumacher

CR2E041 (9/01)