

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L99000009385
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000009385

Name and Mailing Address

0005464 01 FP 0.352 **PRSR T7 0 0615 34103-350636
95 INVESTMENT PARTNERS, LLC
3936 TAMiami TRAIL NORTH, STE B
NAPLES FL 34103-3506



2. New Mailing Address

City, State, Zip

Principal Place of Business

3936 TAMiami TRAIL NORTH, STE B
NAPLES FL 34103

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/30/1999

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

SCHUMACHER, KAY
3936 TAMiami TRAIL NORTH
STE B
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Kay Schumacher*
REGISTERED AGENT MUST SIGN

Date 10/21/02

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	SCHUMACHER, KAY E	3936 N. TAMiami TRAIL #B	NAPLES FL 34103

200009036722

REINSTATEMENT

dec

2. 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

Kay Schumacher

Date 10/21/02

Daytime Phone #

239 834-8699

Typed or printed name of signing Managing Member/Manager



ACCOUNT NO. : 072100000032

REFERENCE : 820191 10250A

AUTHORIZATION : *Tatucia Pizant*

COST LIMIT : \$ 150.00

ORDER DATE : November 14, 2002

ORDER TIME : 1:04 PM

ORDER NO. : 820191-010

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt
Vogel Law Office
3936 Tamiami Trail North
Midwest Title Building, Suite
Naples, FL 34103-3592

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: 95 INVESTMENT PARTNERS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____