

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

02 MAY 14 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L00000004568

Willmon Homestead, LLC

000005538410--1
-05/16/02--01002--012
****100.00 ****100.00

2. Principal Office Address

6000 Millers Landing Cove
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip Country

32312 U.S.A.

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

April 20, 2000

6. FEI Number

1-000-00-00-75788

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

Betty Willmon Niedoroda

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

6000 Miller's Landing Cove
Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Betty Willmon Niedoroda Date Dec. 28, 2001

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

Mgrm Betty Willmon Niedoroda 6000 Miller's Landing Cove - Tallahassee, FL 32312

No penalty due

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

Betty Willmon Niedoroda Date 12/28/01

Daytime Phone # 850 6684929

Typed or printed name of signing Managing Member/Manager

Betty Willmon Niedoroda

Dear Mr. Cushing:

In regard to our
telephone conversation, I am
enclosing the \$100 check, and
I listed the only Managing
Manager (self).

Thank you for your help.

(Letter #
702 A 00000 959)