

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2015 DEC 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000057356**

1. Limited Liability Company's Name

WSH INVESTMENTS, LLC

500279464955
11/24/15--01003--019 **1348.75

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

601 N FLAMINGO RD

Suite, Apt. #, etc.

SUITE 103

City & State
PEMBROKE PINES FL

Zip
33028

Country
USA

3. Mailing Office Address

601 N FLAMINGO RD

Suite, Apt. #, etc.

SUITE 103

City & State
PEMBROKE PINES, FL

Zip
33028

Country
USA

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

JULY 29, 2004

6. FEI Number

20-1442799

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
IRWIN C STEINBERG

Street Address (P.O. Box Number is Not Acceptable) Suite,
10796 PINES BLVD

Apt. #, Etc.
SUITE 104

City
PEMBROKE PINES

State
FL

Zip Code
33026

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

09/09/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	MICHAEL HIRSCH	601 N. FLAMINGO RD SUITE 103	PEMBROKE PINES FL 33028
MGRM	KIMBERLY HIRSCH	601 N. FLAMINGO RD SUITE 103	PEMBROKE PINES FL 33028
MGRM	MITCHELL WEINSTEIN	6100 HOLLYWOOD BLVD SUITE 105	HOLLYWOOD FL 33024
MGRM	TERRI WEINSTEIN	6100 HOLLYWOOD BLVD SUITE 105	HOLLYWOOD FL 33024
MGRM	MELISSA STEINBERG	10796 PINES BLVD SUITE 104	PEMBROKE PINES FL 33026

11. E-mail Address: **DRSQVEED@YAHOO.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

9/9/15

Daytime Phone #

954 442-3777

Typed or printed name of signing authorized representative/member

IRWIN STEINBERG