

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 18 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000029937

1. Limited Liability Company's Name

WAGSKE, LLC

100184026921
08/04/10--01032--009 **521.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 433 Aire Court		3. Mailing Office Address 433 Aire Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Slidell, LA		City & State Slidell, LA	
Zip 70461	Country USA	Zip 70461	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida March 2007	
6. FEI Number 20-8674953St	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Stephanie Berault**

Street Address (P.O. Box Number is Not Acceptable)
1350 Ft. Pickens Rd #29

Suite, Apt. #, Etc.

City Pensacola Beach	State FL	Zip Code 32561
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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 *Stephanie Berault* Date 8/2/10

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
<i>mbmr</i>	Greg Berault	433 Aire Court	Slidell, La 70461
<i>mbmr</i>	Warren Berault	1302 Marina Drive	Slidell, La 70458
<i>mbmr</i>	Kathy Berault	1302 Marina Drive	Slidell, La 70458
<i>mbmr</i>	Alicia Irmischer	605 Dockside Drive	Slidell, La 70461
<i>mbmr</i>	Eric Irmischer	605 Dockside Drive	Slidell, La 70461
<i>mbmr</i>	<i>Stephanie Berault</i> 1310-36913	433 Aire Ct.	Slidell, LA 70461

11. E-mail Address: sberault@att.net (To be used for future annual report notifications)

12. 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 *Stephanie Berault* Date 8/2/10 Daytime Phone # (985)768-8011

Typed or printed name of signing Managing Member/Manager **Stephanie H Berault**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2010

WAGSKE, LLC
433 AIRE COURT
SLIDELL, LA 70461

SUBJECT: WAGSKE, LLC
Ref. Number: L07000029937

We have received your document for WAGSKE, LLC and your check(s) totaling \$521.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00018935