

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 24 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500160722955
09/16/09--01026--005 **138.75

CR2E041 (10/08)

DOCUMENT # L07000052988

1. Limited Liability Company's Name

WISH STAR PROPERTIES, LLC.

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

2098 Chagall Cir

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 5507

Suite, Apt. #, etc.

City & State

WPB, FL.

City & State

LAKE WORTH, FL

Zip

Country

33409

USA

Zip

Country

33466

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida 5-17-07

6. FEI Number

383758200

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

STEPHANIE TAMPOSI

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

2098 Chagall Cir

Suite, Apt. #, Etc.

City

WPB

State

FL

Zip Code

33409

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement fee waiver.

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09/25/09--01003--005 **138.50

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 Tamposi

REGISTERED AGENT MUST SIGN

Date

9/9/09

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
* MGR	William Bance	2098 Chagall Cir	RESIGNED
* MGR	STEPHANIE TAMPOSI	2098 Chagall Cir WPB, FL 33409	WPB, FL 33409

REINSTATEMENT 08/09

OR 9-25-09

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

Stephanie Tamposi

Date

9/9/09

Daytime Phone #

561 329 9790

Typed or printed name of signing Managing Member/Manager

STEPHANIE TAMPOSI