


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 SEP - 3 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11000100866**

1. Limited Liability Company's Name
1ST IN CLASS LLC

2. Principal Office Address - No P.O. Box # 2032 NW Marsh Rabbit Lane		3. Mailing Office Address 2032 NW Marsh Rabbit Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jensen Beach, FL		City & State Jensen Beach, FL	
Zip 34957	Country US	Zip 34957	Country US

CR2E041 (1/14)

4. State/Country of Formation
FL/US

5. Date Organized or Qualified To Do Business in Florida. **September 01, 2011**

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$55.00 Additional Fee required for a certificate of status.

8. Name and Address of Current Registered Agent

Name
Robert G. Wildberger

Street Address (P.O. Box Number is Not Acceptable) Suite,
2032 NW Marsh Rabbit Lane

Apt. #, Etc.

City
Jensen Beach

State **FL** Zip Code **34957**

100276745621
04/04/14--01025--001 **122.50

100276745621
09/03/15--01014--012 **398.75

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 *[Signature]* **8/24/2015** Date **August 24, 2015**

REGISTERED AGENT MUST SIGN

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
CEO	Robert G. Wildberger	2032 NW Marsh Rabbit Lane	Jensen Beach/FL/34957

REINSTATEMENT
2013-2015

11. E-mail Address: **rgwildberger1@gmail.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 *[Signature]* Date **8/24/2015** Daytime Phone # **248 303 8006**

Typed or printed name of signing authorized representative/member