

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2016 DEC 27 AM 7:54

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DEC 27 2016

L BERGER

900293638369

**DOCUMENT #**

1. Limited Liability Company's Name

WAUSEN BAY CAPITAL, LLC

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

189 S. Orange Ave.

Suite, Apt. #, etc.

Ste 1700

City & State

Orlando FL

Zip

32801

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

DE / USA

5. Date Organized or Qualified To Do Business in Florida

9/30/2015

6. FEI Number

81-2043874

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

Corporation Service Company

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

1201 Hay Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*M. Zender*

REGISTERED AGENT MUST SIGN

Melissa Zender  
Asst. Vice President

Date

12/27/16

**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	JOHN MARK RAMSEY	3 1ST COURT	WINDERMERE, FL 34786
Sr. VP	SCOTT LARCHE	313 TURKEY RUN	WINTER PARK, FL 32789
Sr. VP	SPENCER SMITH	3348 LAKEVIEW OAKS DR.	LONGWOOD, FL 32779
<b>REINSTATEMENT</b>			
2016			

11. E-mail Address:

fkeene@sentioninvestments.com; accountspayable@sentioninvestments.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

12/21/16

Daytime Phone #

407 9997679

Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 434232 8118528  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 238.75

ORDER DATE : December 21, 2016  
ORDER TIME : 10:03 AM  
ORDER NO. : 434232-005  
CUSTOMER NO: 8118528

DOMESTIC FILINGS

NAME: WAUSEON BAY CAPITAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
16 DEC 27 AM 11:36  
SUFFICIENCY OF FILING