10/20/22 - 01020 - - 027
$238.75
500039640995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000131599

1. Limited Liability Company's Name

WSTWN LLC

2. Principal Office Address	3. Mailing Address
1000 BRICKELL AVENUE	1000 BRICKELL AVENUE
Suite, Apt. #, etc.: SUITE 715	Suite, Apt. #, etc.: SUITE 715
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation:

5. Date Organized or Qualified to do Business in Florida: MAY 15, 2020

6. FEI Number: 85-1107057 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent

Name: GLADY A. MARCUS

Street Address (P.O. Box Number is Not Acceptable) Suite: 9512 WINDSONG LANE

Apt. # Etc.:

City: TAMPA State: FL Zip Code: 33618

9. I hereby accept the appointment as registered agent of the above named limited liability company and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: ____________ Date: 10/14/22

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Member	Street Address of Each Authorized Representative/Member	City / State / Zip
AMBR	LOIC HAMDI	1000 BRICKELL AVE, SUITE 715	MIAMI, FL 33131
AMBR	EVA HAMDI	1000 BRICKELL AVE, SUITE 715	MIAMI, FL 33131

11. E-mail Address: LLOYD@MARCUSANDMARCUS.COM

(To be used for future annual report notification)

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 605.0112, 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/manager: ________ Date: 10/14/22 Daytime Phone #: 305 981 6978

Typed or printed name of signing authorized representative/manager: LOIC HAMDI