

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:35

1. DOCUMENT # L02000016276

Name and Mailing Address

0009070 01 AT 0.292 **AUTO H3 0 0615 33351-802508



WALTECH LLC
10708 NW 53RD STREET
SUNRISE FL 33351-8025



2. New Mailing Address 6919 W. BROWARD BLVD # 273		4. State/Country of Formation FL	
City, State, Zip PLANTATION FL 33317		5. Date Organized or Qualified To Do Business in Florida 06/27/2002	
Principal Place of Business 10708 NW 53RD STREET SUNRISE FL 33351	3. New Principal Place of Business Address # 6919 W. BROWARD BLVD 273 City, State, Zip PLANTATION. FL 33317	6. FEI Number 04 3702032	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 CARTER, HL 10708 NW 53RD STREET SUNRISE FL 33351		9. Name and Address of New Registered Agent Name CARTER H L Street Address (P.O. Box Number is Not Acceptable) 6919 W. BROWARD BLVD. # 273 City PLANTATION FL Zip Code 33317	
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10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **01-16-04**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CARTER, HAROLD	10708 NW 53RD STREET	SUNRISE FL 33351
MGR	CARTER HAROLD L	6919 W. BROWARD BLVD # 273	PLANTATION FL 33317
300027449949 01/23/04--01010--006 **250.00			
REINSTATEMENT 03-04 <i>[Signature]</i>			

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

[Signature]
SIGNED AND VERIFIED

Date **1-16-04**

Daytime Phone # **754 581-6774**

Typed or printed name of signing Managing Member/Manager