

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # **L02000002884**

1. Limited Liability Company's Name

**ANN WENDSCHUH, LLC**

2. Principal Office Address

**7330 SW 62 PL**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**S. MIAMI, FL**

Zip

**33143**

Country

**USA**

3. Mailing Office Address

**10700 SW 98 CT**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33176**

Country

**USA**

CR2E041 (8/05)

4. State/Country of Formation

**FL / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**02/06/2002**

6. FEI Number

☒ 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

**ANN WENDSCHUH**

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

**10700 SW 98 CT**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33176**

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

**Ann Wendschuh**

Date

**4/12/06**

REGISTERED AGENT MUST SIGN

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	ANN WENDSCHUH	10700 SW 98 CT	MIAMI, FL 33176

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

**Ann Wendschuh**

Date

**4/12/06**

Daytime Phone #

**305-666-6731**

Typed or printed name of signing Managing Member/Manager

**ANN WENDSCHUH**