

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 200
FILED

01 OCT 24 PM 12:17

DOCUMENT # L 00000000 2378

1. Limited Liability Company's Name

WD JACKSONVILLE FL, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

40 I REISS & SON

3. Mailing Office Address

Suite, Apt. #, etc.

60 EAST 42 ST - Ste 1841

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

Zip

10165

Country

USA

Zip

Country

4. State/Country of Formation

Florida, Miami-Dade County, USA

**5. Date Organized or Qualified
To Do Business in Florida**

4-1991

6. FEI Number

13-4088993

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

TERRI G. SONN, P.A.

200004661522-3

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

2650 BISCAYNE BLVD

-10/31/01-01075-008

****150.00 ****150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

Terri G. Sonn, P.A.

Date 10/22/01

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
managing member	Linda Heffner	60 E. 42nd St - Suite 1841	New York, NY 10165
managing member	Roberta Miller	60 E. 42nd St - Suite 1841	New York, NY 10165

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

Linda Heffner

Date 10-17-01

Daytime Phone # 212-697-4458

Typed or printed name of signing Managing Member/Manager

Linda Heffner