

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 FEB -4 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004626

1. Limited Liability Company's Name

CHARLES E. WALDNER AND MARJORIE W.
WALDNER, L.L.C.

2. Principal Office Address

1600 S. Dixie Hwy STE 1C

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

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

4/21/2000

6. FEI Number

098 146541

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

CHARLES E. WALDNER, JR

000004912450-6

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

1600 S. Dixie Hwy STE 1C

-02/13/02--01002--006

****200.00 ****200.00

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33432

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

C. E. Waldner, Jr.

REGISTERED AGENT MUST SIGN

Date 1/31/02

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
VP	MARJORIE W WALDNER	1600 S. Dixie Hwy STE 1C	BOCA RATON FL 33432

REINSTATEMENT

01.02
dce

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

Marjorie W Waldner

Date

1/31/02

Daytime Phone #

561 391 2797

Typed or printed name of signing Managing Member/Manager