

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

01 DEC -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008873

1. Limited Liability Company's Name

WHA! LLC

REINSTATEMENT 2001

2. Principal Office Address

815 N. FEDERAL HWY 800 PALM TRAIL

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip
33483

Country

USA

3. Mailing Office Address

800 PALM TRAIL

Suite, Apt. #, etc.

SUITE 5

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

4. State/Country of Formation

PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

10/00

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES TOBIAS

MGRM

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

800 PALM TRAIL

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Charles Tobias MGRM

REGISTERED AGENT MUST SIGN

Date 12/05/01

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

MGRM CHARLES TOBIAS

800 PALM TRAIL

DELRAY BEACH, FL 33483

800004717548-6

-12/11/01--01004--002

****150.00 ****150.00

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

Charles Tobias

Date

12/5/01

Daytime Phone #

901 670 4809

Typed or printed name of signing Managing Member/Manager

CHARLES TOBIAS

CR2E041 (9/01)