

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-1-04
200.00
W-

DOCUMENT # L00000010533

1. Limited Liability Company's Name

WING HOLDINGS, L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 14892 PADDOCK DRIVE WELLINGTON FL 33414-1028		3. Mailing Office Address 14892 PADDOCK DRIVE WELLINGTON FL 33414-1028	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation	FL
5. Date Organized or Qualified To Do Business in Florida	08/31/2000
6. FEI Number	522284858
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name Michael Wing			
Street Address (P.O. Box Number is Not Acceptable) 14892 PADDOCK DRIVE			
Suite, Apt. #, Etc.			
City	WELLINGTON	State	Zip Code
		FL	33414

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Michael Wing* *Managing Member* Date 4/12/07
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
MGRM	Michael Wing	14892 PADDOCK DRIVE	WELLINGTON FL 33414-1028
			200101935462 05/09/07--01008--008 **200.00
			Reinstatement 04-07

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 *Michael Wing* *Managing Member* Date 4/12/07 Daytime Phone # (561) 784-9008

Typed or printed name of signing Managing Member/Manager Michael Wing