

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR 27 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016278

1. Limited Liability Company's Name
WESLEY OF FLORIDA, LLC

2. Principal Office Address - No P.O. Box #
2137 CANNA COURT

3. Mailing Office Address
2137 CANNA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34105

Country

Zip
34105

Country

8. Name and Address of Current Registered Agent

Name

JAMES E. WILLIS, ESQ.

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

851 5TH AVE N

Apt. #, Etc.

SUITE 301

City

NAPLES

State
FL

Zip Code
34102

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 12/26/2000

6. FEI Number
352291978

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

500271161299
03/27/15--01027--016 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/12/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	CHARLES WESLEY	2137 CANNA COURT	NAPLES FL 34105

11. E-mail Address: JWILLISATTY@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

CR Wesley

Date

3.12.15

Daytime Phone #

Typed or printed name of signing authorized representative/member

MW
3/27/15