

2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 27 PM 12: 58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000925

1. Limited Liability Company's Name

Whiskey Delta, L.L.C.

2. Principal Office Address

2415 S.E. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

2415 S.E. Dixie Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34996

Country

USA

Zip

34996

Country

USA

4. State/Country of Formation

Florida

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

1-18-01

6. FEI Number

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

William A. Dobson

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

2415 S.E. Dixie Highway

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-16-04

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	William A. Dobson	2415 S.E. Dixie Highway	Stuart, FL 34996

500027691445
01/27/04-01045-006 **155.00

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**

[Signature]

Date 1-16-04

Daytime Phone # 772-220-6802

Typed or printed name of signing Managing Member/Manager

William A. Dobson

CR2E041 (10/02)