

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

4/24

1. DOCUMENT # L01000004124

Name and Mailing Address

03 NOV 13 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE WILDERNESS WAY, LLC
4901 WOODVILLE HIGHWAY
TALLAHASSEE FL 32305-0901



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4901 WOODVILLE HIGHWAY TALLAHASSEE FL 32310		5. Date Organized or Qualified To Do Business in Florida 03/16/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3729385 Applied For 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 HELD, SARAH 4901 WOODVILLE HIGHWAY TALLAHASSEE FL 32310		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024060034 10/24/03--01012--021 **150.00 City FL Zip Code	
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10. 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 Sarah Held **SIGNATURE REQUIRED** Date 10/21/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HELD, SARAH	4901 WOODVILLE HWY	TALLAHASSEE FL 32310

12. 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 Sarah Held **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 850 877 7200
Typed or printed name of signing Managing Member/Manager Sarah Held

CR2E034 (7/03)

REINSTATEMENT 03