

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000013169

Name and Mailing Address

02 NOV 19 AM 9:35

0002893 01 FP 0.352 **PRSR T9 0 0615 33176-305240



WALLY'S LLC
9540 S.W. 102ND STREET
MIAMI FL 33176-3052



REINSTATEMENT 2002

2. New Mailing Address

SAME

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/06/2001

Principal Place of Business

9540 S.W. 102ND STREET
MIAMI FL 33176

3. New Principal Place of Business Address

SAME

City, State, Zip

6. FEI Number

020598934

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

VAZQUEZ, WALTER R
9540 S.W. 102ND STREET
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Nov. 13, 2002

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

MM

Walter R. Vazquez

9540 SW 102 ST
Miami, FL 33176

Miami, FL 33176

200009083742
11/13/02--01068--006 **150.00

REINSTATEMENT 2002

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

[Signature]
Walter R. Vazquez

Date Nov 13/02

Daytime Phone # 305 715 5701

Typed or printed name of signing Managing Member/Manager