

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000014164

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 15 PM 1:06

DOCUMENT # **L01000014164**

1. Limited Liability Company's Name

WEBWIRELESS. LLC

09

400163616164
12/15/09--01024--014 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

13206 SW 8 Street

Suite, Apt. #, etc.

3. Mailing Office Address

13206 SW 8 Street

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

Zip

33184

Country

USA

Zip

33184

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

8/15/01

6. FEI Number

651142756

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

ALEXANDER RODRIGUEZ

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

13206 SW 8 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/14/09

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	ALEXANDER RODRIGUEZ	13206 SW 8 Street	MIAMI FL 33184

REINSTATEMENT 2009

11. E-mail Address:

(To be used for future annual report notifications)

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]

Date

12/14/09

Daytime Phone #

305-220-1944

Typed or printed name of signing Managing Member/Manager