

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000016638

Name and Mailing Address

03 MAY -5 PM 3:33

SECRETARY OF STATE

7000 N. W. 11th Ave. FLORIDA

04/10/03--01056--029 **410.00

0000842 01 FP 0.352 **PRSR T3 0 0615 32810-534010



WEWAHOOTEE HOLDING COMPANY, L.L.C.
1710 LEE ROAD
ORLANDO FL 32810-5340



2. New Mailing Address

City, State, Zip

Principal Place of Business

1710 LEE ROAD
ORLANDO FL 32810

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/27/2001

6. FEI Number

03.0379458

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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 4/7/03

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
Mgr	David A. Janner	1710 Lee Road Orl FL 32810	Orl, FL 32810
Mgr	Alfred Carlton Janner	1710 Lee Rd	Orl FL 32810

REINSTATEMENT

05-03
dec

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 4/7/03

Daytime Phone # 407.298.6612