

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016933

1. Limited Liability Company's Name

WAGNER Real Estate L.L.C.

2. Principal Office Address

1559 MARLIN DR

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34102

Country

USA

3. Mailing Office Address

1559 MARLIN DR

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34102

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

Oct 3, 2001

6. FEI Number

59-3748087

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

DONALD WAGNER

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

1559 MARLIN DR

Suite, Apt. #, Etc.

City

Naples FL 34102

State

FL

Zip Code

34102

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

Donald Wagner

Date 2/13/2003

REGISTERED AGENT MUST SIGN

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
MGR	DONALD WAGNER	1559 MARLIN DR	Naples / FL / 34102
MGR	MAUREEN WAGNER	P.O. 7756	Naples / FL / 34101

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

Donald Wagner

Date 2/12/2003

Daytime Phone # 239-821-3225

Typed or printed name of signing Managing Member/Manager

FILED

03 FEB 17- AM 11: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300012594043
02/17/03--01053--005 **155.00

02/17/03--01053--004 25.00

CR2ED41 (10/02)