

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:21

DOCUMENT # L01000022646

1. Limited Liability Company's Name

Walhof & Co., Mergers and Acquisitions, LLC

300074664093  
05/16/06--01029--009 \*\*200.00

CR2E041 (8/05)

2. Principal Office Address

1111 Ritz Carlton Dr.

3. Mailing Office Address

1111 Ritz Carlton Dr.

Suite, Apt. #, etc.

#1204

Suite, Apt. #, etc.

#1204

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip  
34236

Country  
USA

Zip  
34236

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/27/01

6. FEI Number

113529349

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

~~William Parker~~ R. David Bustard

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

200 South Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota

State  
FL

Zip Code  
34236

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

*R. David Bustard*  
REGISTERED AGENT MUST SIGN

Date 4-18-06

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
CEO	Christiaan G. Walhof	1111 Ritz Carlton Dr., #1204	Sarasota, FL 34236

REINSTATEMENT 05-06

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

*Christiaan G. Walhof*

Date 2/25/06

Daytime Phone # 941-906.7337

Typed or printed name of signing Managing Member/Manager Christiaan G. Walhof