

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 24 AM 10:35

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013970

1. Limited Liability Company's Name

Wimberly, Lawson, Suarez & Russell, LLC

2. Principal Office Address

5005 West Laurel Street

3. Mailing Office Address

911 Chestnut Street

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Clearwater, FL

Zip

33607

Country

USA

Zip

33756

Country

USA

4. State/Country of Formation

Hillsborough

**5. Date Organized or Qualified
To Do Business in Florida**

June 6, 2002

6. FEI Number

56-2284422

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

Phillip B. Russell, Esq.

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

5005 West Laurel Street

Suite, Apt. #, Etc.

Suite 206

City

Tampa

State

FL

Zip Code

33607

33635

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

Phillip B. Russell

Date

2/14/05

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
MGRM	Eduardo A. Suarez-Solar	5005 West Laurel Street, Suite 206	Tampa, FL 33607
MGRM	Phillip B. Russell	5005 West Laurel Street, Suite 206	Tampa, FL 33607
		11665 Hidden Hollow Cir.	Tampa, FL 33635
			Rein fee 250.00
			over paid 650.00
			2/24/05
			UP

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

Phillip B. Russell

Date

2/14/05

Daytime Phone #

813-966-6598

Typed or printed name of signing Managing Member/Manager

Phillip B. Russell, Member

CR2E041 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 11, 2005

JOHNSON, POPE, BOKOR, ET AL.
ATTN: CHARISSE A. MITTLE
P.O. BOX 1100
TAMPA, FL 33601-1100 US

SUBJECT: WIMBERLY, LAWSON, SUAREZ & RUSSELL, LLC
Ref. Number: L02000013970

We have received your document for WIMBERLY, LAWSON, SUAREZ & RUSSELL, LLC and your check(s) totaling \$900.00. However, the document has not been filed and is being retained in this office for the following:

You have completed the wrong reinstatement form, the one submitted is for a corporation not an limited liability company. Please complete the attached form. You also have an overpayment of reinstatement fees, please complete the attached refund application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 205A00002059