

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

04 FEB -9 PM 1:50

DOCUMENT # L02000025932

1. Limited Liability Company's Name

WELLINGTON INVESTMENT HOLDINGS LLC

400028438094  
02/09/04--01062--009 \*\*205.00

2. Principal Office Address

3725 MIRAMONTES CIRCLE

Suite, Apt. #, etc.

City & State

WELLINGTON

Zip

FL

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33414

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

9-30-2002

6. FEI Number

04-3715233

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

KENNETH E. BROWN

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

3725 MIRAMONTES CIRCLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date 2-5-04

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	KENNETH E. BROWN	3725 MIRAMONTES CIRCLE	WELLINGTON, FL 33414

**REINSTATEMENT**

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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

Date 2-05-04

Daytime Phone # 561-644-2828

Typed or printed name of signing Managing Member/Manager KENNETH E. BROWN

CR2EM41 (10/02)