

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

04 APR 28 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000027224

1. Limited Liability Company's Name

WISE INVESTMENTS, LLC

2. Principal Office Address

5601 NW 91ST BLVD

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

Country

32653 US

3. Mailing Office Address

5601 NW 91ST BLVD

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

Country

32653 US

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

10-15-2002

6. FEI Number

54-2079763

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

STEVEN M CHAMBERLAIN

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

618 NE FIRST ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

400035779354  
05/07/04--01083--003 \*\*\*200.00

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

4/23/04

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
<u>MANAGER</u>	<u>MARK DAVID WISE</u>	<u>5601 NW 91ST BLVD</u>	<u>GAINESVILLE FL 32653</u>

**REINSTATEMENT** 03-04  
dec

11. I certify that I am managing member/manager of 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

4/23/2004

Daytime Phone #

352 380 9473

Typed or printed name of signing Managing Member/Manager

MARK DAVID WISE

CR2E041 (10/02)

Tax Law Offices

◆  
STEVEN M. CHAMBERLAIN, P.L.

618 NE First Street  
Gainesville, FL 32601  
888.414.2867  
352.375.8540 • fax 352.375.8554  
www.E-Chamberlain.com

Lauren M. Hand, Associate  
(member N.Y. and Florida Bars)

April 23, 2004

Re: Limited Liability reinstatement Wise Investments, LLC  
Certified mail #7099 3400 0009 6292 1252

Secretary of State:

We have enclosed the reinstatement form and a check in the amount of \$200.00 for reinstatement of the above mentioned LLC and the fees for 2004 Annual Report.

Kate Chamberlain

*Kate Chamberlain*

Office Manager