

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000027756

1. Limited Liability Company's Name

WILZARA PROPERTY MANAGEMENT  
GROUP, LLC

2. Principal Office Address - No P.O. Box #

217 FERNWOOD PL

Suite, Apt. #, etc.

City & State

WOODSTOCK, GA

Zip

30188

Country

USA

3. Mailing Office Address

217 FERNWOOD PL

Suite, Apt. #, etc.

City & State

WOODSTOCK GA

Zip

30188

Country

USA

8. Name and Address of Current Registered Agent

Name

JUDY JOHNSTON

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

740 SOUTH GOLF BLVD

Suite, Apt. #, Etc.

City

CLARKWATER

State

FL

Zip Code

33767

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

Judy Johnston  
REGISTERED AGENT MUST SIGN

Date

12-3-09

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>MGR</u>	<u>BILL WILSON</u>	<u>217 FERNWOOD PL</u>	<u>WOODSTOCK GA 30188</u>
<u>MGR</u>	<u>PAUL LAZZARA</u>	<u>5012 SEVILLE LN</u>	<u>FLOWER MOUND TX 75028</u>

**REINSTATEMENT 07-09**

11. E-mail Address: BWILSON@PRCMGMT.COM

(To be used for future annual report notifications)

12. 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

Bill Wilson

Date

12-3-09

Daytime Phone #

404-406-4563

Typed or printed name of signing Managing Member/Manager

**FILED**

2009 DEC -9 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800163364658  
12/07/09--01003--009 \*\*416.25  
CR2E041 (11/09)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

10-18-2002

6. FEI Number

05-0537066

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.