

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 JAN 13 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000031374**

1. Limited Liability Company's Name
The Winscott Company, L.L.C.

2. Principal Office Address - No P.O. Box # 17 Hopkins Circle		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando		City & State Florida	
Zip 32804	Country USA	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/21/2002

6. FEI Number **65-1161549** 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
Torbjorn A. Arnheim, Jr

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

Suite, Apt. #, Etc.

City
Orlando,

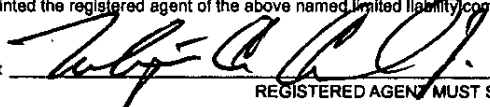
State
FL

Zip Code
32804

600268324486
01/28/15--01034--003 **223.75

600268324486
01/13/15--01025--006 **1076.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date **1/6/15**

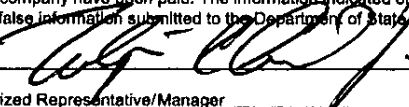
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Torbjorn A. Arnheim, Jr	17 Hopkins Circle	Orlando, FL 32804
REINSTATEMENT			
2008-2015			
			S. HAWKES
			JAN 14 AM
			EXAMINER

11. E-mail Address: **taawinscottco@gmail.com**
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date **1/6/15** Daytime Phone # **407 810 1422**

Typed or printed name of signing Authorized Representative/Manager _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

THE WINSCOTT COMPANY, L.L.C.
17 HOPKINS CIRCLE
ORLANDO, FL 32804

SUBJECT: THE WINSCOTT COMPANY, L.L.C.
Ref. Number: L02000031374

We have received your document for THE WINSCOTT COMPANY, L.L.C. and your check(s) totaling \$1076.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2015; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$1210.00.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 915A00000776