


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000034407
1. Limited Liability Company's Name
WANDERLUST, LLC

500172550485
03/18/10--01039--005 **138.75
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 635 NE 17TH AVE Suite, Apt. #, etc.		3. Mailing Office Address 635 NE 17TH AVE Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33304	Country USA	Zip 33304	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
6. FEI Number 56-2314457	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Tom Andrews

Street Address (P.O. Box Number is Not Acceptable)
9 SW 13th Street

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33315

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.

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 _____ Date 3/5/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Justin R Dial	635 NE 17th Ave	Fort Lauderdale, FL 33304
MGR	Staci Markowitz	635 NE 17TH AVE	Fort Lauderdale, FL 33304

REINSTATEMENT
2008-10

W 416.25

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 606.408, 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 3/5/2010 Daytime Phone # 954-764-0404

Typed or printed name of signing Managing Member/Manager: Justin R Dial

S. HAWKES
MAY 07 2010
EXAMINER

S. HAWKES
MAR 23 2010
EXAMINER

500172550485
03/18/10--01039--006 **138.75

500172550485
03/18/10--01039--007 **138.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

WANDERLUST, LLC
635 NE 17TH AVE
FORT LAUDERDALE, FL 33304

SUBJECT: WANDERLUST, LLC
Ref. Number: L02000034407

We have received your document for WANDERLUST, LLC and your check(s) totaling \$416.25. 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 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$277.50.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00007115