

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 19 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000002489

1. Limited Liability Company's Name

Wilkesboro, LLC

000176181330
04/19/10--01005--020 **971.25
CR2E041 (11/09)

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

987 Hillsboro Mile

Suite, Apt. #, etc.

3. Mailing Office Address

987 Hillsboro Mile

Suite, Apt. #, etc.

City & State

Hillsboro Bch, FL

City & State

Hillsboro Bch, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/22/2003

6. FEI Number

☒ 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

David Celentano

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

987 Hillsboro Mile

Suite, Apt. #, Etc.

City

Hillsboro Beach

State

FL

Zip Code

33062

☒ 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

David Celentano

Date

4/12/2010

REGISTERED AGENT MUST SIGN

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
MEM	Mary N. Celentano	987 Hillsboro Mile	Hillsboro Bch, FL, 33062
REINSTATEMENT 04-10			

11. E-mail Address: WRLS@dkcel.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

Mary N. Celentano

Date

4/12/10

Daytime Phone #

954-786-0150

Typed or printed name of signing Managing Member/Manager