2005 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000010539

1. Entity Name
WJL ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2031 GULFVIEW DR. HOLIDAY, FL 34691	2031 GULFVIEW DR. HOLIDAY, FL 34691

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

10052005 REIN-LLC   CR2E101 (6/04)

4. FEI Number
36-4440867   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
OLSEN, ROBERT L 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _William J. Loiacano_   10/5/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES
TITLE **MGR** NAME **LOIACANO, WILLIAM** STREET ADDRESS **8402 LEMON ROAD** CITY-ST-ZIP **PORT RICHEY, FL 34668**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060301297 10/06/05--01044--004 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**REINSTATEMENT** ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _William J. Loiacano_   10/5/05   727-848-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #