


L03000014779

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** L03000014779

**1. Limited Liability Company's Name**  
 WAYGOMONEY, LLC

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<b>2. Principal Office Address</b> 5547 Pedrick Plantation Circle Suite, Apt. #, etc. City & State Tallahassee, Florida Zip Country 32317 USA		<b>3. Mailing Office Address</b> 5547 Pedrick Plantation Circle Suite, Apt. #, etc. City & State Tallahassee, Florida Zip Country 32317 USA	
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**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/28/05--01005--017 \*\*200.00

CR2E041 (8/05)

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/23/2003	
<b>6. FEI Number</b>	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

**8. Name and Address of Current Registered Agent**

Name  
Jonathan Godfrey

Street Address (P.O. Box Number is Not Acceptable)  
1028 Piney Z Plantation Road

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32311

**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 \_\_\_\_\_

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
MGM	Jonathan Godfrey	1028 Piney Z Plantation Road	Tallahassee, FL 32311
MGM	Michael Money	5547 Pedrick Plantaiton Circle	Tallahassee, FL 32317
MGM	Johnny Calloway		Tallahassee, FL

REINSTATEMENT 2005

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**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 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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_