

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 23 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 0300027710

1. Limited Liability Company's Name

Wireless of Central Florida

CR2E041 (1/07)

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

4355 Blue Major dr

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

3. Mailing Office Address

13506 Summerport Village

Suite, Apt. #, etc.

Pkwy # 231

City & State

Windermere FL

Zip

34786

Country

USA

4. State/Country of Formation

Florida USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

542110907

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

Michael Lyons

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

4355 Blue Major dr

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☐ 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

Michael Lyons

REGISTERED AGENT MUST SIGN

Date

10/8/07

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 |
|--------|--------------------------------------|---|--------------------|
| MEMBER | Michael Lyons | 4355 Blue Major, Windermere | Florida 34786 |
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REINSTATEMENT

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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

Michael Lyons

Date

10/8/07

Daytime Phone #

3216636400

Typed or printed name of signing Managing Member/Manager

Michael Lyons