

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 13 PM 11:08

DOCUMENT # L03000032071

1. Limited Liability Company's Name

WELLINGTON TURBINE LLC

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

1112 WESTON RD

Suite, Apt. #, etc.

PMB # 267

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

3. Mailing Office Address

1112 WESTON RD

Suite, Apt. #, etc.

PMB # 267

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

AUG. 26, 2003

6. FEI Number

57-1185285

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

VALDES-FAULI CORPORATE SERVICES INC.

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

2 SOUTH BISCAYNE BLVD,

Suite, Apt. #, Etc.

SUITE 3400 - ONE BISCAYNE TOWER

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 01/08/2009

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
<u>MGIR</u>	<u>William A. Linares</u>	<u>1112 WESTON RD. PMB #267</u>	<u>WESTON, FL. 33326</u>

900140387819
01/12/09-01075-014 **880.00

REINSTATEMENT 2006-09

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 01/08/2009

Daytime Phone # (905) 496-8361
(58) 212-575-2984

Typed or printed name of signing Managing Member/Manager

William A. Linares S.