L03000032853

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 FEB 16 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000032853

1. Limited Liability Company's Name
WALBAR, LLC

05

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
5413 SKYLINE BLVD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State
Zip: 33914 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8-28-03

6. FEI Number: 20-046 1094 ☐ 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: DOUGLAS A. WOOD

Street Address (P.O. Box Number is Not Acceptable): 1000 N. TAMIAMI TRAIL,

Suite, Apt. #, Etc.: SUITE 201

City: NAPLES State: FL Zip Code: 34102

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: 2-16-07

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
MGRM	WALLACE H. PEET	5413 SKYLINE BLVD CAPE CORAL	CAPE CORAL, FL 33914
	REINSTATEMENT 2005-2007		800088537588

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: Wallace H Peet Date: 2-16-07 Daytime Phone # 239-541-1993

Typed or printed name of signing Managing Member/Manager: WALLACE H. PEET

CSC.

CORPORATION SERVICE COMPANY

L03000032853

ACCOUNT NO. : 072100000032

REFERENCE : 763345 80398A

AUTHORIZATION :

COST LIMIT : $ 255.00

FILED
07 FEB 16 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 16, 2007

ORDER TIME : 2:56 PM

ORDER NO. : 763345-005

CUSTOMER NO: 80398A

DOMESTIC FILINGS

NAME: WALBAR, LLC

File First, then send Stamped copy to certification

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____