

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L030000042736

1. Limited Liability Company's Name

WallSpace LLC

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

4839 SW 148TH Ave

Suite, Apt. #, etc.

706

City & State

Ft. Lauderdale FL

Zip

33330

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

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

11/05/03

6. FEI Number

☒ 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

ISARA GINESTA

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

4839 SW 148TH AVE

Suite, Apt. #, Etc.

706

City

Ft. Lauderdale

State

FL

Zip Code

33330

☒ 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

Isara Ginesta

REGISTERED AGENT MUST SIGN

Date 5-7-08

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	Samuel NWOKOLO	4839 SW 148TH Ave #706	Ft. Lauderdale FL 33330
	L. SELLERS		
	JUN - 6 2008		05/12/08--01056--013 **416.25
	EXAMINER		
	REINSTATEMENT	06-08	[Redacted]

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

MGRM

Date 5-7-08

Daytime Phone # 954-922-2418

Typed or printed name of signing Managing Member/Manager

Samuel NWOKOLO MGRM