

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044054

1. Limited Liability Company's Name

W. I. T. SYSTEMS LTD. CO.

900094733819
03/26/07--01006--005 **320.00

CR2E041 (1/07)

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

90 EDGEWATER DR.

Suite, Apt. #, etc.

411

3. Mailing Office Address

90 Edgewater Dr.

Suite, Apt. #, etc.

411

City & State

CORAL GABLES, FL

City & State

Coral Gables, FL

Zip

33133

Country

Dade

Zip

33133

Country

Dade

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/13/2003

6. FEI Number

20-0822004

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

ERIC SANTIAGO

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

90 Edgewater Dr. #411

Suite, Apt. #, Etc.

411

City

CORAL GABLES

State

FL

Zip Code

33133

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/13/07

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
<u>Owner</u>	<u>ERIC SANTIAGO</u>	<u>90 edgewater Dr. #411</u>	<u>CORAL GABLES, FL 33133</u>

REINSTATEMENT

04-07

#250-ADM

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

[Signature]

Date

3/13/07

Daytime Phone #

786-282-9558

Typed or printed name of signing Managing Member/Manager

ERIC SANTIAGO