PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000053256

1. Limited Liability Company's Name
Walding and Associates, PLLC

400263743514
08/26/14--01030--005 **932.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3615 S. Florida Avenue		3615 S. Florida Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
850		850	
City & State		City & State	
Lakeland, FL		Lakeland, FL	
Zip	Country	Zip	Country
33803	USA	33803	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
November 5 2003

6. FEI Number
26-2525772
☐ 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

REINSTATEMENT
2009-2013

Name
Stephen J. Walding, III, DMD

Street Address (P.O. Box Number is Not Acceptable)
3615 S. Florida Avenue

Suite, Apt. #, Etc.
850

City	State	Zip Code
Lakeland	FL	33803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent SJW Date 8/20/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Stephen J. Walding, III, DMD	3615 S. Florida Avenue, Ste 850	Lakeland, FL 33803

FILED
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11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager SJW Date 8/20/14 Daytime Phone # 813-626-0088

Typed or printed name of signing Authorized Representative/Manager Stephen J. Walding III

AUG 26 2014

W. WILLIAMS