

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
TALLAHASSEE, FLORIDA

05 APR 28 AM 10:55

DOCUMENT # **L04000004617**

1. Limited Liability Company's Name

WEST WALTON ENTERPRISES, LLC

300052629253
04/28/05--01038--006 **55.00

2. Principal Office Address

57 OWENS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 441

Suite, Apt. #, etc.

City & State

DE FUWIAK SPRINGS

City & State

FL 32433

Zip

32433

Country

USA

Zip

32433

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

1/16/2004

6. FEI Number

000000000000000000

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

CAMPBELL, DONALD C, JR

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

57 OWENS AV

Suite, Apt. #, Etc.

City

DE FUWIAK SPRINGS.

State

FL

Zip Code

32433

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

4/28/05

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
MBR	DONALD C CAMPBELL JR	57 OWENS AVE	DE FUWIAK SPRS, FL 32433

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

4/28/05

Daytime Phone # **850 259 6018**

Typed or printed name of signing Managing Member/Manager

DONALD C CAMPBELL JR.

CR20041 (10/02)