

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000007591

1. Limited Liability Company's Name

WISPERWOOD HOLDINGS, LLC

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

6520 SW 114 STREET

Suite, Apt. #, etc.

City & State

PINECREST, FL

Zip

33156

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/28/2004

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

ANNE M. PARR

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

6520 SW 114 STREET

Suite, Apt. #, Etc.

City

PINECREST

State

FL

Zip Code

33156

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
MGR	JORGE O. PARR	6520 SW 114 STREET	PINECREST, FL 33156
MGR	OWEN E. PARR	6520 SW 114 STREET	PINECREST, FL 33156
MGR	ANNE M. PARR	6520 SW 114 STREET	PINECREST, FL 33156

700120011977
03/12/08--01005--001 **\$55.00

REINSTATEMENT

2005-2008

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 02-23-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **JORGE O. PARR**