

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:21

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000016583

1. Limited Liability Company's Name

Wilton Manors group, LLC

2. Principal Office Address

2740 N Andrews

Suite, Apt. #, etc.

City & State

Wilton Manor FL

Zip 33311

Country

3. Mailing Office Address

2740 N Andrews

Suite, Apt. #, etc.

City & State

Wilton Manor FL

Zip 33311

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Asia Lucchese

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

2406 TORTUGAS LN

Suite, Apt. #, Etc.

FL Land FL

33312

City

State

FL

Zip Code

33312

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

Asia Lucchese

Date

12/18/05

REGISTERED AGENT MUST SIGN

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 | <u>Sanchez Gustavo</u> | <u>2740 N Andrews</u> | <u>Wilton Manor 33311</u> |
| mgrm | <u>Asia Lucchese</u> | <u>2740 N Andrews</u> | <u>Wilton Manor 33311</u> |
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REINSTATEMENT 05-06

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

Lucchese

Date

12/18/06

Daytime Phone #

(954) 881-1105

Typed or printed name of signing Managing Member/Manager