## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000018065  1. Entity Name WAGONEER, LLC							FILE( 7 OCT -5 PI	H 3: 12		
Principal Plac 13000 S.W. MIAMI, FL 3	120TH STR		Mailing Address 13000 S.W. 120TH STREET MIAMI, FL 33186			TA	ECHLIANA LLAHASSEE,	FLORIDA		
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09172007	REIN-LLC	CR2E101 (1/	07)	
City & State			City & State			4. FEI Numl 47-09			Applied For	
Zip	Country		Zip				e of Status Desired	□ \$5.00 Fee Rec	Additional uired	
	6. Name	and Address of Current I			Name	7. Name and Address of New Registered Agent				
PALMER, PAUL						rearie				
13000 S.W MIAMI, FL	V. 120TH S	STREET	Si		Street Addres	eet Address (P.O. Box Number is Not Acceptable)				
			C		City			FL Zip	Code	
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.						stered agent, or b	oth, in the State of FI		vith, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstatung)  DATE										
	E NOW!!!	FEE IS \$50.00 3, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not			the limited	e limited Make check payable to tice. Florida Department of State			
9.		MANAGING MEMBEI	S/MANAGERS 10.				ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete TITLE		=			☐ Char	ge Addition	
NAME	1	ANTONIO						,	•	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	W. 120TH STREET _ 33186			ET ADDRESS -ST-ZIP	700109957967 09/26/0701033003 **50.00				
TITLE	MGRM		☐ Delete TITLE		<u> </u>			☐ Char		
NAME	PINZANI,		NAM							
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	V. 120TH STREET _ 33186		STREET CITY-ST						
TITLE NAME	MGRM	MANUELA	☐ Delete TITLI					☐ Char	ige 🔲 Addition	
STREET ADDRESS		W. 120TH STREET	NAM STR		ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL	33186	CITY		-ST-ZIP					
TITLE NAME	MGRM	ACHON, ANTONELA	☐ Delete	TITLI NAM				☐ Char	nge 🔲 Addition	
STREET ADDRESS		W. 120TH STREET			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL	_ 33186		CITY	-ST-ZIP	-T-TC		ATTACK		
TITLE			☐ Delete TITLE NAME		KI	CVIL	IAIEI	MENT	ige 🗀 Addition	
NAME STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP		· · ·- ·-	•	CITY	- ST - ZIP					
TITLE NAME			Delete	TITLI NAM	l l			Char	ige 🔲 Addition	
STREET ADDRESS	-		•		ET ADDRESS					
CITY+ST-ZIP				- 1	-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustes empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  MANUELA PINZANT MGR										