

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000025932

1. Limited Liability Company's Name

WDM construction llc

2. Principal Office Address - No P.O. Box #
6720 Oswego Drive

Suite, Apt. #, etc.

City & State
Mt. Dora

Zip
32757

Country
Orange

3. Mailing Office Address
6720 Oswego Drive

Suite, Apt. #, etc.

City & State
Mt. Dora

Zip
32757

Country
Orange

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida 03/09/2004

6. FEI Number
20-0965615

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
William McDonald

Street Address (P.O. Box Number is Not Acceptable)
6720 Oswego Drive

Suite, Apt. #, Etc.

City
Mt. Dora

State
FL

Zip Code
32757

☒ 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

Date 2/20/07

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	William D McDonald	6720 Oswego Drive	Mt. Dora Fl. 32757
			000095703910 04/01/07-01055-320 **\$5.00

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 2/20/07

Daytime Phone# 352-267-4123

Typed or printed name of signing Managing Member/Manager William D McDonald