

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
DIVISION OF CORPORATIONS
08 APR 23 AM 4:12

DOCUMENT # L04000025975

1. Limited Liability Company's Name

W. S. Sconyers, L.L.C.

300122302613
04/25/08--01019--012 **416.25

CR2E041 (12/07)

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

7301 SW 19 Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

7301 SW 19 Ter.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. State/Country of Formation

FLA, USA

5. Date Organized or Qualified
To Do Business in Florida

04/06/2004

6. FEI Number

542149680

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

Wayne Sconyers

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

7301 SW 19 Ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

☒ 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

Wayne Sconyers

REGISTERED AGENT MUST SIGN

Date 3/20/08

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.	Wayne Sconyers	7301 SW 19 Ter	Miami FL 33155

300122302613
04/20/08--01008--004 **138.75

REINSTATEMENT 2005-08

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

Wayne Sconyers

Date 3/20/08

Daytime Phone #

305 803-1303

Typed or printed name of signing Managing Member/Manager

Wayne Sconyers