

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

07 SEP 18 PM 12:21

DOCUMENT # L04000032025

1. Limited Liability Company's Name

Winstar Acquisitions, LLC

CR2E041 (1/07)

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

1085 Hwy. A1A

3. Mailing Office Address

1085 Hwy. A1A

Suite, Apt. #, etc.

Suite 1501

Suite, Apt. #, etc.

Suite 1501

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

Zip

32937

Country

U.S.A.

Zip

32937

Country

FL

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

4/27/04

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

Edward Wickey

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

1085 Hwy. A1A

Suite, Apt. #, Etc.

Suite 1501

City

Satellite Beach

State

FL

Zip Code

32937

☐ 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

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	Edward Wickey	1085 Hwy. A1A, Ste. 1501	Satellite Beach, FL
			32937

REINSTATEMENT
wp 2005-2007

600109528896
09/18/07--01008--007 **250.00

BLT

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

9/11/2007

Daytime Phone # 407-529-6837

Typed or printed name of signing Managing Member/Manager

Edward Wickey