

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

06 OCT 20 AM 10:43

DOCUMENT # L04000041994

1. Limited Liability Company's Name

Wheaton Construction LLC

2. Principal Office Address

3070 Malcolm Drive

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32738

Country

USA

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

-

Country

-

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6-04-2004

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

Thomas Wheaton

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

3070 Malcolm Drive

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

Thomas Wheaton

REGISTERED AGENT MUST SIGN

Date

10/14/06

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
MEM	Thomas Wheaton	3070 Malcolm Drive Deltona, Florida 32738	Deltona, Florida 32738

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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

Thomas Wheaton

Date

10/14/06

Daytime Phone #

386-852-6826

Typed or printed name of signing Managing Member/Manager

Thomas Wheaton