

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600142708256
04/08/09--01003--003 **172.50
CR2E041 (10/08)

DOCUMENT # L04000048108

1. Limited Liability Company's Name

Wilmer Cooper LLC

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

3244 SR 46

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

US

3. Mailing Office Address

3244 SR 46

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

6/25/04

6. FEI Number
235924512

☐ 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

Wilmer Allen Cooper

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

3244 SR 46

Suite, Apt. #, Etc.

City

Mount 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

Wilmer A. Cooper

Date *Jan 26 2009*

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
<i>mgrm</i>	<i>Wilmer A. Cooper</i>	<i>3244 SR 46</i>	<i>Mt. Dora, FL 32757</i>

600142708256
02/03/09--01011--008 **243.75

REINSTATEMENT 07-09

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

Wilmer A. Cooper

Date *Jan 26 2009*

Daytime Phone # *352-309-1258*

Typed or printed name of signing Managing Member/Manager

Wilmer A. Cooper