

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L04006052559**

1. Limited Liability Company's Name  
**WINNAP, LLC**

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

**9s175 Drew Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Burr Ridge, IL**

City & State

Zip

**60527**

Country

**USA**

Zip

Country

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified  
To Do Business in Florida  
7/15/2004

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

**8. Name and Address of Current Registered Agent**

Name

**Theodore Schmidt**

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

**9119 The Lane**

Suite, Apt. #, Etc.

City

**Naples**

State

**FL**

Zip Code

**34109**

**200262779782**  
**07/29/14--01021--012 \*\*1071.25**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Theodore Schmidt*

REGISTERED AGENT MUST SIGN

Date

**7/25/14**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
manager	Theodore Schmidt, Trustee Rev Trust	9s175 Drew Ave	Burr Ridge, IL 60527

**REINSTATEMENT**

**2008-2014**

11. E-mail Address: **tschmidt@ssmtax.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Theodore Schmidt*

Date **7/25/2014**

Daytime Phone # **630 400-6980**

Typed or printed name of signing Authorized Representative/Manager **Theodore Schmidt**