

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2015 DEC 14 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000057356**

1. Limited Liability Company's Name

**WSH INVESTMENTS, LLC**

**500279464955**  
11/24/15--01003--019 \*\*1348.75

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

**601 N FLAMINGO RD**

3. Mailing Office Address

**601 N FLAMINGO RD**

Suite, Apt. #, etc.

**SUITE 103**

Suite, Apt. #, etc.

**SUITE 103**

City & State

**PEMBROKE PINES FL**

City & State

**PEMBROKE PINES, FL**

Zip

**33028**

Country

**USA**

Zip

**33028**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**IRWIN C STEINBERG**

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

**10796 PINES BLVD**

Apt. #, Etc.

**SUITE 104**

City

**PEMBROKE PINES**

State

**FL**

Zip Code

**33026**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**09/09/2015**

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
MGRM	MICHAEL HIRSCH	601 N. FLAMINGO RD SUITE 103	PEMBROKE PINES FL 33028
MGRM	KIMBERLY HIRSCH	601 N. FLAMINGO RD SUITE 103	PEMBROKE PINES FL 33028
MGRM	MITCHELL WEINSTEIN	6100 HOLLYWOOD BLVD SUITE 105	HOLLYWOOD FL 33024
MGRM	TERRI WEINSTEIN	6100 HOLLYWOOD BLVD SUITE 105	HOLLYWOOD FL 33024
MGRM	MELISSA STEINBERG	10796 PINES BLVD SUITE 104	PEMBROKE PINES FL 33026

11. E-mail Address:

**DRSQVEED@YAHOO.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*[Signature]*

Date

**9/9/15**

Daytime Phone #

**954 442-3777**

Typed or printed name of signing authorized representative/member

**IRWIN STEINBERG**