

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 -5 AM 10:54

DOCUMENT #

L04000057612

1. Limited Liability Company's Name

Wilson & Sons, LLC

00000000000000000000
10/19/06 01046 011 \$250.00

CR2E041 (8/05)

2. Principal Office Address

2950 US Hwy 1

Suite, Apt. #, etc.

9

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

2950 US Hwy 1

Suite, Apt. #, etc.

9

City & State

Key West, FL

Zip

33040

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

July 27 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

CORAZON J Kulok

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

2950 US Hwy 1, # 9

Suite, Apt. #, Etc.

9

City

Key West

State

FL

Zip Code

33040

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

CORAZON J Kulok

REGISTERED AGENT MUST SIGN

Date 10/2/06

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
MANAGER	CORAZON J Kulok	2950 US Hwy 1, # 9	Key West, FL 33040
MANAGING MEMBER	JAMES E WILSON	# 7 ARBITUS ST,	KEY WEST, FL 33040

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

CORAZON J Kulok

Date 10/2/06

Daytime Phone 305-970-909

Typed or printed name of signing Managing Member/Manager

CORAZON J. Kulok