

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 17 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062017

1. Limited Liability Company's Name

WIB Connell Enterprises LLC

CR2E041 (8/05)

2. Principal Office Address

628 Whitaker Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

628 Whitaker Rd  
Suite, Apt. #, etc.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified To Do Business in Florida

10-01-2004

City & State

Tallahassee, FL

City & State

Tallahassee FL

6. FEI Number

510520417

Applied For

Not Applicable

Zip

Country

32310

Zip

Country

32310

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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

Name

Wayne Connell

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

628 Whitaker Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-16-06

**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
<u>MEMBER</u>	<u>Wayne Connell</u>	<u>628 Whitaker Rd</u>	<u>Tallahassee, FL 32310</u>
			<u>000080962810</u> <u>10/16/06--01046--009 ***100.00</u>
			<b>REINSTATEMENT</b> <u>2005-2006</u>
			<u>DB</u>

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

[Signature]

Date 10-16-06

Daytime Phone # 508-3186

Typed or printed name of signing Managing Member/Manager

Wayne Connell

W.B. Connell Ent. LLC.

1 Wayne Connell did not receive  
the annual renewal form for  
the year 2005.

Wayne Connell

10-16-06

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