

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0400066514

1. Limited Liability Company's Name

Wildflowers, LLC

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

211 delmar ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 420343

Suite, Apt. #, etc.

City & State

Fort Myers Beach

City & State

Summerland Key

Zip

33931

Country

Lee

Zip

33042

Country

Monroe

8. Name and Address of Current Registered Agent

Name

Andrew Flowers

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

211 Delmar Ave

Suite, Apt. #, Etc.

City

Fort Myers Beach

State

FL

Zip Code

33931

4. State/Country of Formation

Florida / Lee

5. Date Organized or Qualified

To Do Business in Florida **6/16/2004**

6. FEI Number

20-1590759

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

700200009007
03/31/11--01005--020 **\$16.00

fcs5@comcast.net

(To be used for future annual report notices)

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

Date

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
mgr	Andrew Flowers	211 Delmar Ave	Fort Myers Beach, FL 33931
mgr	Pamela Flowers	211 Delmar Ave	Fort Myers Beach, FL 33931

REINSTATEMENT 09-11

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. 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 Managing
Member/Manager**

Date **3/21/11**

Daytime Phone # **(239) 462-2736**

Typed or printed name of signing Managing Member/Manager **Andrew Flowers**