

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

11 JUL -1 AM 10:08

DOCUMENT # L04000067650

1. Limited Liability Company's Name

West Weekend, LLC

200209582012
07/01/11-01/03/11 CR2004 (174) **793.75

2. Principal Office Address - No P.O. Box # 17757 Front Beach Road		3. Mailing Office Address 17757 Front Beach Road	
Suite, Apt. #, etc. Unit 1708		Suite, Apt. #, etc. Unit 1708	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32413	Country USA	Zip 32413	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/14/2004	
6. FEI Number 201637338	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CT Corporation			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

E-mail Address:

Jeanmarie.McDaniel@pmp.org
(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 James Halpin Assistant Secretary Date 6/27/2011
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
MGRM	Troy P. Wagener	19341 Pebble Beach	Baton Rouge, LA 70809

REINSTATEMENT 2007-2011

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 Troy P. Wagener Date 6/20/11 Daytime Phone # 228-216-3003

Typed or printed name of signing Managing Member/Manager Troy P. Wagener

T. Hamilton 7/11/11 5:2011

PAGE, MANNINO, PERESICH & McDERMOTT, P.L.L.C.

LYLE M. PAGE*
RONALD G. PERESICH
STEPHEN G. PERESICH
MICHAEL B. McDERMOTT
TERE RICHARDSON STEEL
MICHAEL E. WHITEHEAD
HENRY N. DICK, III
W. MARK EDWARDS
DAVID M. ALLEN***
LES W. SMITH
RON PERESICH, JR.
MARY W. VAN SLYKE**
COWLES E. SYMMES
RANDI PERESICH MUELLER***
GINA BARDWELL TOMPKINS
WILLIAM SYMMES

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LAUREN REEDER MCCRORY
MICHELLE M. SMITH

JACKSON OFFICE
460 BRIARWOOD DRIVE, SUITE 415
P.O. BOX 16450
JACKSON, MISSISSIPPI 39236
TELEPHONE: (601) 896-0114
FACSIMILE: (601) 896-0145

GULFPORT OFFICE
2408 14TH STREET
GULFPORT, MISSISSIPPI 39501
TELEPHONE: (228) 868-8999
FACSIMILE: (228) 868-8940

June 30, 2011

Via FedEx ~ Priority Overnight

Florida Secretary of State
Division of Corporation
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Limited Liability Company Reinstatement

Dear Sir/Madam:

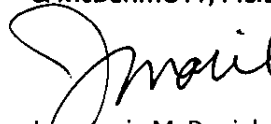
Please find enclosed the following:

1. \$793.75 Filing Fee; and
2. Reinstatement of Limited Liability Company.

After filing please return a copy of same to me in the enclosed envelope.

Very truly yours,

**PAGE, MANNINO, PERESICH
& McDERMOTT, P.L.L.C.**



Jeanmarie McDaniel, Assistant to
Henry N. Dick, III

/jm

cc: Troy Wagener

Enclosures