

L04000073133

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000073133

1. Limited Liability Company's Name  
WAG, LLC800388483218  
05/26/22--01001--010 ♦♦1626.25

CR2E041 (1/14)

|                                                            |                |                                          |                |
|------------------------------------------------------------|----------------|------------------------------------------|----------------|
| 2. Principal Office Address - No P.O. Box #<br>4175 HWY 11 |                | 3. Mailing Office Address<br>4175 HWY 11 |                |
| Suite, Apt. #, etc.                                        |                | Suite, Apt. #, etc.                      |                |
| City & State<br>DELAND, FL                                 |                | City & State<br>DELAND, FL               |                |
| Zip<br>32724                                               | Country<br>USA | Zip<br>32724                             | Country<br>USA |

|                                                                                                                      |                                                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. State/Country of Formation<br>FLORIDA/USA                                                                         |                                                        |
| 5. Date Organized or Qualified To Do Business in Florida<br>OCTOBER 7, 2004                                          |                                                        |
| 6. FEI Number<br>20-1714812                                                                                          | Applied For<br><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<br>MICHAEL L. PRELEC, SR.                                           |             |                   |
| Street Address (P.O. Box Number is Not Acceptable) Suite,<br>4175 HWY 11 |             |                   |
| Apt. #, Etc.                                                             |             |                   |
| City<br>DELAND                                                           | State<br>FL | Zip Code<br>32724 |

MAY 24 2022  
DC D CONNELL

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 *Michael L. Prelec, Sr.*  
REGISTERED AGENT MUST SIGN

Date MAY 18, 2022

## 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 |
|--------|---------------------------------------------|----------------------------------------------------------|--------------------|
| MGR    | MICHAEL L. PRELEC, SR.                      | 4175 HIGHWAY 11                                          | DELAND, FL 32724   |
|        |                                             |                                                          |                    |
|        |                                             |                                                          |                    |
|        |                                             |                                                          |                    |
|        |                                             |                                                          |                    |
|        |                                             |                                                          |                    |
|        |                                             |                                                          |                    |

11. E-mail Address: email@delandattorney.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 *Michael L. Prelec, Sr.* Date 05/18/2022 Daytime Phone # (386) 804-0308  
Typed or printed name of signing authorized representative/member MICHAEL L. PRELEC SR.