

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(L05000005161C)

03262007 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-2077677** ☐ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000005161

1. Entity Name
WISTERIA ENTERPRISES LLC



Principal Place of Business
4243 NW 107 AVENUE, APT 302
MIAMI, FL 33178

Mailing Address
4243 NW 107 AVENUE, APT 302
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
10933 NW 59th St
Suite, Apt. #, etc.

3. Mailing Address
512-35th Street
Suite, Apt. #, etc.

City & State
Miami, FL
Zip **33178** Country

City & State
Union City, NJ
Zip **07075** Country

6. Name and Address of Current Registered Agent

DOMINICCI, CARMEN L
4243 NW 107 AVENUE, APT 302
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carmen Dominicci*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/07**

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOMINICCI, CARMEN L
4243 NW 107 AVENUE, APT 302
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
10933 NW 59th St.
Miami, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800101796978
05/08/07--01017--003 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 06-07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carmen Dominicci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **3/26/07**

Daytime Phone #