


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90239 044 *****55.00

LIMITED LIABILITY COMPANY REINSTATEMENT 2006		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L050000008585**

1. Limited Liability Company's Name

STEPHEN WOLF LLC

2. Principal Office Address

PO BOX 494

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 494

Suite, Apt. #, etc.

City & State

FLORAL CITY, FL

City & State

FLORAL CITY, FL

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

01-01-05

6. FEI Number

263391698

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

STEPHEN WOLF

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

7880 E. SOUTHLAKE DR

Suite, Apt. #, Etc.

City

FLORAL CITY, FL

34436

State

FL

Zip Code

34436

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

Steph Wolf

REGISTERED AGENT MUST SIGN

Date

3-18-06

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
OWNER MANAGER	STEPHEN WOLF	7880 E. SOUTHLAKE	FLORAL CITY FL 34436

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

Steph Wolf

Date

3/18/06

Daytime Phone #

352-344-2117

Typed or printed name of signing Managing Member/Manager

STEPHEN WOLF