


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -3 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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

DOCUMENT # L05000013194

1. Limited Liability Company's Name

WENTE OUTFITTERS, LLC

2. Principal Office Address - No P.O. Box #
2337 S. W. Archer Rd.

3. Mailing Office Address
501 Hunts Pointe Dr.

Suite, Apt. #, etc.
#2072

Suite, Apt. #, etc.

City & State
Gainesville

City & State
Virginia Beach, VA

Zip
32608

Country
USA

Zip
23464

Country
USA

4. State/Country of Formation
Florida/Seminole

5. Date Organized or Qualified
To Do Business in Florida 2-8-2005

6. FEI Number
20-2408852

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
Kenneth Wente

Street Address (P.O. Box Number is Not Acceptable)
2337 S. W. Archer Rd.

Suite, Apt. #, Etc.
#2072

City
Gainesville

State
FL

Zip Code
32608

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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
MGRM	Kathryn N. Wente	2337 S. W. Archer Rd. #2072	Gainesville, FL 32608
MGRM	Jessica N. Wente	2337 S. W. Archer Rd. #2072	Gainesville, FL 32608

REINSTATEMENT

-08-09

200162418442
11/12/09--11/06/08 **282.50

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

Date 10-27-2009

Daytime Phone# 321-663-4283

Typed or printed name of signing Managing Member/Manager Kenneth C. Wente

E-MAIL: Kwente@cox.net

C.S.