

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 30 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500158014885
06/30/09--01046--015 **555.00

CR2E041 (10/08)

DOCUMENT # L05000060788

1. Limited Liability Company's Name

Westland Properties, LLC

2. Principal Office Address - No P.O. Box #

1040 S. Federal Highway

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

3. Mailing Office Address

1040 S. Federal Highway

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 6/17/2005

6. FEI Number

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

Barney Weinkle

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

1040 S. Federal Highway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Handwritten Signature]

Date 6/17/2009

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	Barney Weinkle	1040 S. Federal Highway	Hollywood, FL 33020

REINSTATEMENT 06-09 *[Handwritten initials]*

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

[Handwritten Signature]

Date 6/17/2009

Daytime Phone # (954) 923-0481

Typed or printed name of signing Managing Member/Manager **Barney Weinkle**