

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
For 2007

2007 AUG -8 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000069631</b>			
<b>1. Entity Name</b> IVAHWILLKONNECT, LLC			
<b>Principal Place of Business</b> 282 CREEK RD. POLK CITY, FL 33868		<b>Mailing Address</b> 282 CREEK RD. POLK CITY, FL 33868	
<b>2. Principal Place of Business - No P.O. Box #</b> 2553 Palm Dr. N.E.		<b>3. Mailing Address</b> 2553 Palm Dr. N.E.	
Suite, Apt. #, etc. Suite #4		Suite, Apt. #, etc. Suite #4	
City & State Winter Haven, Florida		City & State Winter Haven, Florida	
Zip 33881		Zip 33881	
Country Polk		Country Polk	
<b>6. Name and Address of Current Registered Agent</b> WILKERSON, IVAH L 282 CREEK RD. POLK CITY, FL 33868		<b>7. Name and Address of New Registered Agent</b> Name: IVAH L. WILKERSON Street Address (P.O. Box Number is Not Acceptable): 2553 Palm Dr. N.E. City: Winter Haven FL Zip Code: 33881	
<b>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.</b> SIGNATURE: <i>Ivah L. Wilkerson</i> <u>Ivah L. Wilkerson</u> <u>08-02-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKERSON, IVAH L 282 CREEK RD. POLK CITY, FL 33868	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wilkerson, Ivah L. 2553 Palm Dr. N.E. Winter Haven FL, 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Ivah L. Wilkerson</i> <u>Ivah L. Wilkerson</u>		Date: <u>08-02-07</u> Daytime Phone #: <u>863-595-8401</u>	