

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L05000080911

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

FILED

08 APR -1 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800118291008

04/02/08--01005--006 **100.00

CR2E041 (12/07)

DOCUMENT # L05000080911

1. Limited Liability Company's Name

30 N. Westmoreland Dr., LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
30 N. Westmoreland Dr.		220 N. Orange Blossom Tr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, FL		Orlando, FL	
Zip	Country	Zip	Country
32805	USA	32805	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **8-16-2005**

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
Christopher T. Weising

Street Address (P.O. Box Number is Not Acceptable)
220 N. Orange Blossom Trail

Suite, Apt. #, Etc.

City **Orlando** **State** **FL** **Zip Code** **32805**

☒ **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 **Christopher T. Weising** **Date** **2/15/08**

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
MEM	Christopher T. Weising	220 N. Orange Blossom Tr.	Orlando, FL 32805

Without Penalty REINSTATEMENT 2006-08

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 **Christopher T. Weising** **Date** **2/15/08** **Daytime Phone #** **407-468-0978**

Typed or printed name of signing Managing Member/Manager