

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 21 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000083686

1. Limited Liability Company's Name

Weinert Family, LLC

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

7 Avenue De La Mer

Suite, Apt. #, etc.

206

City & State

Palm Coast, FL

Zip

32137

Country

USA

3. Mailing Office Address

7 Avenue De La Mer

Suite, Apt. #, etc.

206

City & State

Palm Coast, FL

Zip

32137

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 8/23/2005

6. FEI Number

20-3356306

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

James J. Weinert

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

7 Avenue De La Mer

Suite, Apt. #, Etc.

206

City

Palm Coast

State

FL

Zip Code

32137

☐ 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

James J. Weinert
REGISTERED AGENT MUST SIGN

Date

10/17/2008

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	James J. Weinert	7 Avenue De La Mer, #206	Palm Coast, FL 32137

900137492149

10/30/08--01044--022 **392.50

REINSTATEMENT 07-08

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

James J. Weinert

Date

10/17/2008

Daytime Phone #

386-446-2022

Typed or printed name of signing Managing Member/Manager

James J. Weinert, Managing Member