

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000085999

1. Limited Liability Company's Name

S. S. Wilson & Associates L.L.C.

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

7334 Hwy 2311

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32404

Country

USA

3. Mailing Office Address

7334 Hwy 2311

Suite, Apt. #, etc.

City & State

Panama City, Florida. 32404

Zip

32404

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08/31/2005

6. FEI Number

86-1148919

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

Stacey S Wilson

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

7334 hwy 2311

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

☐ 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

REGISTERED AGENT MUST SIGN

Date

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	Tara Wilson	7334 hwy 2311	Panama City, Florida. 32404
mgr	Stacey S Wilson	7334 hwy 2311	Panama City, Florida. 32404

REINSTATEMENT 06-08
AL

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

8-18-8

Daytime Phone #

850-258-1863

Typed or printed name of signing Managing Member/Manager

Stacey S Wilson