

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100160670421
09/15/09--01013--009 **421.25

CR2E041 (10/08)

DOCUMENT # L05000086375

1. Limited Liability Company's Name

WJK Associates, LLC

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

13437 Bastiano Street

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

USA

3. Mailing Office Address

13437 Bastiano Street

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34293

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida August 31, 2005

6. FEI Number

83-0437924

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

Blanche E. Stoner

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

13437 Bastiano Street

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

☒ 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

Blanche E. Stoner

Date September 10, 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
Owner	Blanche E Stoner	13437 Bastiano Street	Venice, FL 34293

REINSTATEMENT -07-09

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

Blanche E. Stoner

Date 9/10/09

Daytime Phone # 941-492-5505

Typed or printed name of signing Managing Member/Manager Blanche E Stoner

CS