PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 SEP -2 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

Wispering Oaks Investments, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
32510 Crystal Breeze Lane		32510 Crystal Breeze Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Leesburg, FL		Leesburg, FL	
Zip	Country	Zip	Country
34788	USA	34788	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/15/2005

6. FEI Number: 20-3475835 ☐ 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: Gerges, Bahaa

Street Address (P.O. Box Number Is Not Acceptable): 32510 Crystal Breeze Lane

Suite, Apt. #, Etc.:

City	State	Zip Code
Leesburg	FL	34788

REINSTATEMENT 2009-10 SBM

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: X Bahaa Gerges — REGISTERED AGENT MUST SIGN — Date: X 8/28/2010

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	Gerges, Bahaa	32510 Crystal Breeze Ln.	Leesburg, FL 34788
MGRM	Vicioso, Miriam	32510 Crystal Breeze Ln.	Leesburg, FL 34788

11. E-mail Address: bgerges@aol.com
(To be used for future annual report notifications)

12. 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 608.408, 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: X Bahaa Gerges — Date: X 8/28/2010 — Daytime Phone #: 813-713-3695

Typed or printed name of signing Managing Member/Manager: Bahaa Gerges