

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -5 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700141461727
02/12/09--01040--002 **138.75
700141461727
01/20/09--01007--021 **277.50
CR2E041 (10/08)

DOCUMENT # LOS 000104283

1. Limited Liability Company's Name

WHOLESALE COMPUTER OUTLET LLC

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

106 N. WOODLAND BLVD.
Suite, Apt. #, etc.

3. Mailing Office Address

432 W. NEW YORK AVE.
Suite, Apt. #, etc.

City & State

DELAND

City & State

DELAND

Zip

32720

Country

USA

Zip

32720

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
to Do Business in Florida

10/20/2005

6. FEI Number

20-3714117

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

JOHN A. MARTINEAU

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

562 ORANGE AVE.

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

☒ 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
MEMBER	JOHN A. MARTINEAU	562 ORANGE AVE.	ALTAMONTE SPR, FL 32701

REINSTATEMENT 07-09
gk

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

1/15/2009

Daytime Phone # (386) 738-4880

Typed or printed name of signing Managing Member/Manager

John Martineau