

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000107021 1. Entity Name WINGSPAN SEMINARS, LLC					
Principal Place of Business 12856 SW 132 TERRACE MIAMI, FL 33186			Mailing Address 12856 SW 132 TERRACE MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 19200 E. Saint Andrews Drive		3. Mailing Address (same for mail)			
Suite, Apt. #, etc. Hialeah, FL		Suite, Apt. #, etc. (same for mail)			
City & State 33015		City & State (same for mail)			
Zip 33015		Country USA		4. FEI Number 03-0596431	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DAMES, PRISCILLA B 12856 SW 132 TERRACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Dames, Priscilla B. Street Address (P.O. Box Number is Not Acceptable) 19200 E. Saint Andrews Dr. City Hialeah FL Zip Code 33015		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Priscilla B. Dames</i></u> DATE <u><i>Dec. 25, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMES, PRISCILLA B 12856 SW 132 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 19200 E. Saint Andrews Drive Hialeah, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139356391 12/30/08--01035--018 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u><i>Priscilla B. Dames</i></u> <u><i>12/25/08</i></u> <u><i>305-804-4427</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12252008 REIN-LLC CR2E101 (1/07)

4. FEI Number 03-0596431 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT

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