

LOS000121764

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 24 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

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08/30/07--01034--005 **100.00
CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LOS000121764**

1. Limited Liability Company's Name

CW, LLC

Of

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

417 PARK AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 8

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL

Zip

33421

Country

USA

City & State

SAGINAW, AL

Zip

35137

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/20/2005

6. FEI Number

20-3984753

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD BK

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ 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

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date

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
MGRM	HOWARD WISE	425 MICHAEL LANE	BIRMINGHAM AL 35213
M	EMILY WISE	425 MICHAEL LANE	BIRMINGHAM AL 35213

REINSTATEMENT 2006-2007

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

Howard Wise

Date **8/21/07**

Daytime Phone # **(205) 664-3670**

Typed or printed name of signing Managing Member/Manager **HOWARD WISE**