

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 28 AM 9:00

DOCUMENT # L06000009465

1. Limited Liability Company's Name

WP, LLC

700173909757  
03/31/10--01028--007 \*\*660.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>600 Fourth St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>600 Fourth St.</u> Suite, Apt. #, etc.	
City & State <u>Destin, FL</u>		City & State <u>Destin, FL</u>	
Zip <u>32541</u>	Country <u>OKALOOSA</u>	Zip <u>32541</u>	Country <u>OKALOOSA</u>

4. State/Country of Formation <u>FL</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Date Organized or Qualified To Do Business in Florida <u>1-26-2006</u>	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <u>Wayne Lung</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>600 Fourth St.</u>		
Suite, Apt. #, Etc.		
City <u>Destin</u>	State <u>FL</u>	Zip Code <u>32541</u>

☐ 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 Wayne Lung Date 3-28-2010  
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	Wayne Lung	508 Beach Dr.	Destin, FL 32541
mGRM	Mike Buckingham	1600 Industrial Park Rd.	Destin, FL 32541
mGRM	John Hong	P.O. Box 989	Destin, FL 32540
mGRM	ALLAN Wallinder	320 Hwy 98E #401	Destin FL 32541
mGRM	Don Keener	5 Pahokee Lane	Destin FL 32541
mGRM	John Collins	4503 Sawgrass Way	Destin FL 32541

11. E-mail Address: WLung@embargmail.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 608.406, 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 Way. Lung Date 3-28-2010 Daytime Phone # 850-837-7114

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2007-2010

T. Hampton JUN - 1 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 MAY 28 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 6, 2010

WP, LLC  
WAYNE LUNG  
600 FOURTH ST  
DESTIN, FL 32541

SUBJECT: WP, LLC  
Ref. Number: L06000009465

We have received your document for WP, LLC and your check(s) totaling \$660.00. However, the document has not been filed and is being retained in this office for the following:

*The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.*

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 810A00008447