

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L06000019386

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -4 PM 1:10

DOCUMENT # L06000019386

1. Limited Liability Company's Name

Wildara, LLC

08

BK

CR2E041 (11/09)

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

8880 Biscayne Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

8880 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

City & State

Miami Shores, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/22/2006

6. FEI Number

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

Alex Kurkin

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

4300 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 305

City

Miami

State

FL

Zip Code

33137-3215

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date Dec. 1, 2009

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	Ian Wildstein	8880 Biscayne Blvd.	Miami Shores, FL 33174

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REINSTATEMENT 2008-2009

11. E-mail Address:

(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

[Signature]

Date 12/4/09

Daytime Phone # 705-525-3028

Typed or printed name of signing Managing Member/Manager Ian Wildstein