

PLEASE READ ALL INSTRUCTIONS

BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AMH: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900161892939
10/19/09--01044--004 **138.75

CR2E041 (10/08)

DOCUMENT L06000030875

1. Limited Liability Company's Name

W & HFlorida, LLC

2. Principal Office Address - No P.O. Box #
831 North Aspen Avenue

Suite, Apt. #, etc.

City & State
Broken Arrow, OK

Zip
74012

Country
USA

3. Mailing Office Address

831 North Aspen Avenue

Suite, Apt. #, etc.

City & State
Broken Arrow, OK

Zip
74012Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 3-23-2006

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
John H. Reynolds, Jr.

Street Address (P.O. Box Number is Not Acceptable)
302 Bay Drive South

Suite, Apt. #, Etc.

City
Bradenton Beach

State	Zip Code
FL	34217

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

Date 10-5-2009

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
Mgr	John Haynes Reynolds, III	831 North Aspen Avenue	Broken Arrow, OK 74012
Mgr	John H. Reynolds, Jr.	831 North Aspen Avenue	Broken Arrow, OK 74012
Mgr	Alex Reynolds	831 North Aspen Avenue	Broken Arrow, OK 74012
	277.50	REINSTATEMENT	500161892939 01-202-09-01063-006 **138.75
		08-09 P/B/KC	

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 10-5-2009

Daytime Phone# 918-260-6014

Typed or printed name of signing Managing Member/Manager **John Haynes Reynolds, III**