

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L06000034655
Woodnight, LLC

500170694985
02/26/10--01043--001 **377.50
CR2E041 (11/09)

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

937 N. Alabama Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32724

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

4/4/06

6. FEI Number

20-4645658

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 C. Freeland

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

937 N. Alabama Ave

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

☐ 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

Date 2/24/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John C. Freeland	937 N. Alabama Ave	DeLand / FL / 32724

500170694985

03/23/10--01007--002 **138.75

REINSTATEMENT 08-10

51425

11. E-mail Address: john@woodnight.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

Date 2/24/10

Daytime Phone # 386-663-2121

Typed or printed name of signing Managing Member/Manager John C. Freeland