

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000064652

1. Limited Liability Company's Name

LKW Investments, LLC

2. Principal Office Address - No P.O. Box #
11204 Highway 97

Suite, Apt. #, etc.

City & State

Walnut Hill, FL

Zip

32568

Country

USA

3. Mailing Office Address
P.O. Box 208

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32591

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6/19/2007

6. FEI Number

26-0539897

☐ 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

Gary B. Leuchtman

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

501 Commendancia Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

E-mail Address:

300194706053

02/17/11--01016--002 **680.00

gbl@beggslane.com

(To be used for future annual report notices)

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

2/8/11

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	Charles Keevin Wiggins	P.O. Box 208	Pensacola, FL 32591
MGRM	LaJuana Wiggins Porter	3410 Ardent Oak Circle	Houston, TX 77059

**J. SAULSBERRY
EXAMINER**

FEB 18 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

2/8/11

Daytime Phone #

850-341-3848

Typed or printed name of signing Managing Member/Manager