

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000102150

1. Limited Liability Company's Name

Wells Protective Coatings LLC

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

1820 W. Memorial Blvd

Suite, Apt. #, etc.

City & State

LAKeland FL

Zip

33805

Country

US

3. Mailing Office Address

1820 W Memorial Blvd

Suite, Apt. #, etc.

City & State

LAKeland FL

Zip

33805

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

10/7/07

6. FEI Number

26-1195737

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

Daniel A. Wells

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

2000 W. LAKE ROY DR.

Suite, Apt. #, Etc.

City

Winter HAVEN

State

FL

Zip Code

33880

☒ 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.

100172217391
12/04/09--01041--004 **138.75

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

Daniel A. Wells
REGISTERED AGENT MUST SIGN

Date 2/12/10

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
MM	Daniel A. Wells	2000 W. LAKE ROY Drive S. HAWKES	Winter Haven, FL 33880
		MAR 2 5 2010	
		EXAMINER	S. HAWKES
	REINSTATEMENT	\$16.25	EXAMINER
	2008-10		

11. E-mail Address: linexlakeland@gmail.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 608.408, 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

Daniel A. Wells

Date 2/12/10

Daytime Phone # (863) 668-8084

Typed or printed name of signing Managing Member/Manager

Daniel A. Wells



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2010

WELLS PROTECTIVE COATINGS LLC
1820 W MEMORIAL BLVD
LAKELAND, FL 33805

SUBJECT: WELLS PROTECTIVE COATINGS LLC
Ref. Number: L07000102150

We have received your document for WELLS PROTECTIVE COATINGS LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00006749



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2009

WELLS PROTECTIVE COATINGS, LLC
1820 W. MEMORIAL BLVD.
LAKELAND, FL 33805

SUBJECT: WELLS PROTECTIVE COATINGS LLC
Ref. Number: L07000102150

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We need an additional check for \$138.75

Please return 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 509A00037519