

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 APR 22 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000024523

1. Limited Liability Company's Name

WENGSTARK PROPERTIES, LLC

CR2E041 (1/14)

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

10951 Bonita Beach Road

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

26-4447439

☐ 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

Thomas O. Wells, P.A.

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

540 Biltmore Way

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code  
33134

600259335856  
04/22/14--01028--003 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Thomas O. Wells*

Date

4-18-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	STUDER, DOUG	10951 Bonita Beach Road	Bonita Springs, FL 34135
REINSTATEMENT			
APR 22 2014			
R. HUNT			

11. E-mail Address: Mechelle@twellsilaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Doug Studer*

Date

4-16-14

Daytime Phone #

305-444-2016

Typed or printed name of signing Authorized Representative/Manager

DOUG STUDER