

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 11 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000063805

1. Limited Liability Company's Name

WOODLAND ACQUISITION, LLC

CR2E041 (1/11)

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

99 BAYBRIDGE RD

3. Mailing Office Address

P.O. BOX 579

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

Zip

32561

Country

U.S.A.

Zip

32562

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/01/2009

6. FEI Number

N/A

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

HARRISON WILDER

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

115 CHANTECLAIRE CIRCLE

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32561

E-mail Address:

800213190018

10/11/11--01002--007 **238.75

hwilder2@bellsouth.net

(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

Harrison Wilder

Date 10/5/2011

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
PROS.	HARRISON M. WILDER	115 CHANTECLAIRE CIR.	GULF BREEZE, FL 32561

REINSTATEMENT

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

Harrison M. Wilder

Date 10/05/2011

Daytime Phone # (850) 324-2843

Typed or printed name of signing Managing Member/Manager