

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L09000101432

1. Limited Liability Company's Name

The WA, LLC

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

3900 Valentia Way

Suite, Apt. #, etc.

City & State  
Naples, Florida

Zip  
34119

Country  
US

3. Mailing Office Address

c/o Comerica Bank & Trust  
1675 Military Trail

Suite, Apt. #, etc.

6th Floor

City & State  
Boca Raton, Florida

Zip  
33486

Country  
US

4. State/Country of Formation  
Florida/US

5. Date Organized or Qualified  
To Do Business in Florida October 20, 2009

6. FEI Number  
136-26-5311

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

FILED  
14 AUG -5 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**8. Name and Address of Current Registered Agent**

Name

Goodman Breen & Gibbs

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

3838 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 300

City  
Naples

State

FL

Zip Code

34103

400262987254  
08/05/14--01010--002 \*\*823.75

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

REGISTERED AGENT MUST SIGN

Date July 31, 2014

**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
Auth Repr	Dorothy M. Breen	3838 Tamiami Trail N. Suite 300	Naples, Florida 34103
MGR	Comerica Bank & Trust, as Trustee of the Dorothy B. Van Kirk Revocable Trust	1675 Military Trail 6th Floor	Boca Raton, Florida 33486

11. E-mail Address: firm@goodmanbreen.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

Date 7-31-14

Daytime Phone # 239-403-3000

Typed or printed name of signing Authorized Representative/Manager