

L11000021140

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 DEC 22 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # L11000021140

1. Limited Liability Company's Name

Wahoooo Adventures, LLC.

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

5151 Collins Ave

Suite, Apt. #, etc.

PH F

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/18/14

6. FEI Number

27-4956213

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Jose Sotomayor

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

5151 Collins Ave

Suite, Apt. #, Etc.

PH F

City

Miami Beach

State

FL

Zip Code

33140

000267675740  
12/01/14--01010--013 \*\*125.00

000267675740  
12/22/14--01035--032 \*\*416.25

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

12/18/14

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	Jose Sotomayor	5151 Collins Ave PH F	Miami Beach, FL 33140

REINSTATEMENT 2012, 2013 & 2014

DEC 22 2014

N. CAUSSEAU

11. E-mail Address: soto1234@aol.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 12/18/14

Daytime Phone # 305-460-0837

Typed or printed name of signing Authorized Representative/Manager Jose Sotomayor