

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2013 JUL 19 AM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 11000078994

1. Limited Liability Company's Name

Wize Guy Operations

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

1113 Elderberry Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1113 Elderberry Drive

Suite, Apt. #, etc.

City & State

Davenport, Florida

City & State

Davenport, Florida

Zip

33897

Country

Zip

33897

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7-6-2011

6. FEI Number

45-2686279

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Justin Luis Hernandez

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

1113 Elderberry Drive

Suite, Apt. #, Etc.

Davenport

City

Davenport

State  
FL

Zip Code

33897

E-mail Address:

100249308541

07/18/13--01019--012 \*\*382.50

Jhood1966@gmail.com

(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

Justin Luis Hernandez

Date 7-9-2013

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
MGR	Justin Luis Hernandez	1113 Elderberry Drive	Davenport, Florida 33897

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

Justin Luis Hernandez

Date 7-9-2013

Daytime Phone #

863-253-1879

Typed or printed name of signing Managing Member/Manager