

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11000109641**

1. Limited Liability Company's Name

ACW, Enterprises, LLC

100283545521
03/18/16--01032--013 **\$21.25

CR2E041 (1/14)

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

3. Mailing Office Address

3083 Spirea Street **3083 Spirea Street**
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

USA

Zip

34231

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9-26-11

6. FEI Number

45-2392867

☒ 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

Wendy L Hirschman

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

3083 Spirea Street

Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

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

Wendy L Hirschman

Date

3/14/16

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	Wendy L. Hirschman	3083 Spirea Street	Sarasota, FL 34231
	REINSTATEMENT		S. HAWKES
	2014 - 2016		MAR 22 A.M.
			EXAMINER

11. E-mail Address

N/A - Mail All Future Correspondence to: 3083 Spirea Street, Sarasota, FL

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Wendy L Hirschman

Date

3/14/16

Daytime Phone #

Typed or printed name of signing authorized representative/member

Wendy L. Hirschman