

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000026691

1. Limited Liability Company's Name

WAY ACQUISITIONS OF FLORIDA, LLC

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

490 Renard Ct.

Suite, Apt. #, etc.

-

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

606 Bald Eagle Dr.

Suite, Apt. #, etc.

Suite 500

City & State

Marco Island, FL

Zip

34145

Country

USA

8. Name and Address of Current Registered Agent

Name

Craig R. Woodward, Esq.

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

606 Bald Eagle Dr.

Apt. # Etc.

Suite 500

City

Marco Island

State

FL

Zip Code

34145

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

8/23/15

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	William A. Young	490 Renard Ct.	Marco Island, FL 34145

11. E-mail Address cwoodward@wpl-legal.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 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

Date

8-26-15

Daytime Phone #

239-389-8097

Typed or printed name of signing authorized representative/member

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business In Florida

02/23/2012

6. FEI Number

47-4894583

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

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