

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



2013-2014

DOCUMENT # **L120000089907**

1. Limited Liability Company's Name

Family Waypoint, LLC

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

9437 Bone Bluff Dr

Suite, Apt. #, etc.

3. Mailing Office Address

9437 Bone Bluff Dr

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

Zip

32566

Country

USA

Zip

32566

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

7/11/2012

6. FEI Number

46-0746057

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

Emily J Martinez

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

9437 Bone Bluff Dr

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

18 Nov 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
AR	Emily J Martinez	9437 Bone Bluff Dr	Navarre, FL 32566
AR	William O Martinez	9437 Bone Bluff Dr	Navarre, FL 32566
AR	Antonia M Martinez	9437 Bone Bluff Dr	Navarre, FL 32566

11. E-mail Address: emmvio2013@att.net

(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 11/18/2014

Daytime Phone # 850-882-4455

Typed or printed name of signing Authorized Representative/Manager Emily J Martinez