

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 JAN 14 PM 4:01

TALLAHASSEE, FL

DOCUMENT # L12000106220

1. Limited Liability Company's Name

WHOSE GOT NEXT, LLC

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

250 South Central Blvd

Suite, Apt. #, etc.

Ste 202

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

250 South Central Blvd

Suite, Apt. #, etc.

Ste 202

City & State

Jupiter, FL

Zip

33458

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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 CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS ST

Apt. #, Etc.

City TALLAHASSEE

State
FL

Zip Code
32301

300281038333

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

Courtney Williams

Asst. Vice President

Date 01/14/2016

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
AMBR	Robert W Kuypers	250 South Central Blvd, Suite 202	Jupiter, FL 33458

11. E-mail Address: rwk@whosegotnext.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

1/7/16

Daytime Phone #

321-266-8520

Typed or printed name of signing authorized representative/member

Robert W Kuypers, Member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 905841 7900032

AUTHORIZATION :

COST LIMIT : \$ 655.00

ORDER DATE : December 9, 2015

ORDER TIME : 11:48 AM

ORDER NO. : 905841-010

CUSTOMER NO: 7900032

DOMESTIC FILINGS

NAME: WHOSE GOT NEXT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
16 JAN 14 PM 2:09
TO BE FILED
IN ACCORDANCE
WITH RULE 10
SUFFICIENCY OF FILING