

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2014**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L12000151929

1. Limited Liability Company's Name

WG OF SWFL, LLC

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

27231 Lakeway Court

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

3. Mailing Office Address

27231 Lakeway Court

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34134

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
December 4, 2012

6. FEI Number

46-1526612

☐ Applied For

☐ Not Applicable

7. ☐ CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (1/14)

FILED

14 NOV 21 AM 8:10

**STATE OF FLORIDA
TALLAHASSEE, FLORIDA**

**500266776465
11/21/14--01031--004 **238.75**

8. Name and Address of Current Registered Agent

Name

Christopher J. Shields, Esq.

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

1833 Hendry Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

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 **11/17/2014**

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
MGRM	Bruce J. Dove	27231 Lakeway Court	Bonita Springs, FL 34134

11. E-mail Address: **BJDove@windowgenie.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 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 **11/17/2014**

Daytime Phone # **239-676-1469**

Typed or printed name of signing Authorized Representative/Manager **Bruce J. Dove**