

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000014528

1. Limited Liability Company's Name
WALSTON ENTERPRISE, LLC

CR2E041 (1/14)

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

2438 Tahoe Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33805

Country

3. Mailing Office Address

2438 Tahoe Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33805

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
01-29-2013

6. FEI Number

46-1816815

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)

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

900267680379

DEC 23 2014

L. SELLERS

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 **12.22.14**

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
MNGR	Michael Walston	2438 Tahoe Drive	Lakeland, FL 33805

REINSTATEMENT 2014

11. E-mail Address: **michael.walston@hotmail.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. 817.165, F.S.

Signature of

Authorized Representative/Manager: Michael Walston

Date

12-16-14

Daytime Phone # 252-314-1892

Typed or printed name of signing Authorized Representative/Manager Mr. Michael Walston

ACCOUNT NO. : I20000000195

REFERENCE : 416114 7921037

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : December 10, 2014

ORDER TIME : 3:16 PM

ORDER NO. : 416114-010

CUSTOMER NO: 7921037

DOMESTIC FILINGS

NAME: WALSTON ENTERPRISE, 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
DEPARTMENT OF STATE
14 DEC 22 PM 4:26