PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAR 23 PM 5:22

DOCUMENT # L13000051013

1. Limited Liability Company's Name
WGSMB LLC

03/22/19--01015--000 **87.50
03/22/19--01015--000 **87.50
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
531 N Main St	531 N Main St
Suite Apt. #, etc	Suite, Apt. #, etc
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 03-Apr-2013

6. FEI Number: 46-3484265 ☐ 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: Matthew Adam Huffman

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc: 531 N Main St.

City: Winter Garden | State: FL | Zip Code: 34787

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: Matt Huffman
REGISTERED AGENT MUST SIGN

Date: 6-Mar-2019

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	Matthew A. Huffman	531 N. Main St	Winter Garden/FL/34787
MGR	Wendi W Ling-Huffman	531 N. Main St.	Winter Garden/FL/34787
			2018 - 2019
			10/31/19
			dec

E-mail Address: wgsmbproperties@gmail.com
(To be used for future annual report notifications)

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 605.0112, 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: Matt Huffman Date: 6-Mar-2019 Daytime Phone #: 407-352-3738

Or printed name of signing authorized representative/member