

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

15 SEP 28 PM 2:58

REINSTATEMENT FEE  
\$238.75



09282015 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L13000105435**  
1. Entity Name  
W INITIATIVE LLC



Principal Place of Business  
1318 IDLEWILD DR  
TALLAHASSEE, FL 32311

Mailing Address  
1318 IDLEWILD DR  
TALLAHASSEE, FL 32311

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
MOISE, FRANTZLEY  
1318 IDLEWILD DR  
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *[Signature]* MOISE DATE 9/28/15  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2016, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOISE, FRANTZLEY 1318 IDLEWILD DR TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *[Signature]* MOISE DATE 9/28/15 E MAIL ADDRESS Mr f moise @ HdL.com