

L14000034188

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 CORPORATION

2017 SEP 18 AM 8:25

DOCUMENT # L14000034188

Limited Liability Company's Name
W Property Investments LLC

400803555134
09/18/17--01017--016 **516.25

CR2E041 (1/14)

1. Principal Office Address - No P.O. Box # 17687 Ashley Drive		3. Mailing Office Address P.O. Box 9546	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32413	Country U.S.A.	Zip 32417	Country U.S.A.

4. State/Country of Formation Florida, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 02/24/2014	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name Jacob Lehtio		
Street Address (P.O. Box Number is Not Acceptable) Suite, 17687 Ashley Drive		
Apt. #, Etc.		
City Panama City Beach	State FL	Zip Code 32413

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 _____ Date _____
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
MGR	Jacob Lehtio	17687 Ashley Drive	PCB, FL 32413
MGR	Richard L. Cox	17687 Ashley Drive	PCB, FL 32413

Reinstatement filed 9/18/17

2015 - 2017 up 9/25/17

11. E-mail Address: lehtioj@gmail.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 09/15/17 Daytime Phone # 850-234-7800
Typed or printed name of signing authorized representative/member Jacob Lehtio, MGR