


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 44000039159

1. Limited Liability Company's Name

WLV Assets LLC

2. Principal Office Address - No P.O. Box # 6425 SW 93 Avenue Suite, Apt. #, etc. City & State Miami, FL Zip Country 33173 US		3. Mailing Office Address 8724 SW 72 Street Suite, Apt. #, etc. #114 City & State Miami, FL Zip Country 33173 US	
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CR2E041 (1/14)

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

8. Name and Address of Current Registered Agent			
Name William Vesely			
Street Address (P.O. Box Number is Not Acceptable) Suite, 6425 SW 93 Avenue			
Apt. #, Etc.			
City	State	Zip Code	
Miami	FL	33173	

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-19-2015

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
Pres.	William L. Vesely	6425 SW 93 Avenue	Miami, FL 33173
V.P.	Maria V. Vesely	6425 SW 93 Avenue	Miami, FL 33173

11. E-mail Address: mariavesely@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

[Signature]

Date 10-19-2015

Daytime Phone # 305-491-3281

Typed or printed name of signing authorized representative/member Maria Vesely