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Phone : (561)832-5900
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LIMITED LIABILITY REINSTATEMENT
WVR I, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 DEC -3 AM 11:42

DOCUMENT # L14000182384

1. Limited Liability Company's Name
WVR I, LLC

DEC - 3 2015

L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2419 E. Hampshire Street	2419 E. Hampshire Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness, Florida	City & State: Inverness, Florida
Zip: 34453 Country: USA	Zip: 34453 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business In Florida: 11/25/2014

6. FEI Number: 81-0716846 ☐ 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: Jerald S. Beer

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 515 N. Flagler Drive, 20th Floor

City: West Palm Beach State: FL Zip Code: 33401

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: December 2, 2015

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
MBR	Wann Van Robinson, III	2419 E. Hampshire Street	Inverness, Florida 34453
	REINSTATEMENT		

11. E-mail Address: jbeer@ciklinlubitz.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: 12/2/2015 Daytime Phone #: 561-832-5900

Typed or printed name of signing authorized representative/member: Jerald S. Beer, authorized representative