



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L15000016200			
1. Limited Liability Company's Name Wingin' It In Juno 2, LLC			
2. Principal Office Address - No P.O. Box # 803 Donald Ross Road Suite, Apt. #, etc.		3. Mailing Office Address 803 Donald Ross Road Suite, Apt. #, etc.	
City & State Juno Beach, FL		City & State Juno Beach, FL	
Zip 33408	Country USA	Zip 33408	Country USA
8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
4. State/Country of Formation FL			
5. Date Organized or Qualified To Do Business in Florida 01/27/2015			
6. FEI Number 47-360869			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			
200291920592			
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 		Melissa Zender Asst. Vice President	
Date 11/02/16			
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	Jonathan Luther	626 Hampshire Hill Road	Matthews, NC 28105
REINSTATEMENT 2016			
11. E-mail Address mluther@carolina.rr.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 Jonathan Luther		Date 11/01/2016	
Typed or printed name of signing authorized representative/member Jonathan Luther		Daytime Phone # 980-253-3126	

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 353028 7839690
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : November 1, 2016

ORDER TIME : 3:21 PM

ORDER NO. : 353028-005

CUSTOMER NO: 7839690

DOMESTIC FILINGS

NAME: WINGIN' IT IN JUNO 2, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 NOV - 2 PM 4:22