

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000028168

1. Limited Liability Company's Name

Wingin' It In Juno Holdings, LLC

2. Principal Office Address - No P.O. Box #

803 Donald Ross Road

Suite, Apt. #, etc.

City & State

Juno Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

803 Donald Ross Road

Suite, Apt. #, etc.

City & State

Juno Beach, FL

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

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

M. Zender

REGISTERED AGENT MUST SIGN

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

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

11/01/2016

Date

980-253-3126

Typed or printed name of signing authorized representative/member Jonathan Luther

FILED

2016 NOV -2 PM 12: 01

NOV - 2 2016

L BERGER

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/13/2015

6. FEI Number

61-1760268

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

700291920547

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 : 3:23 PM
ORDER NO. : 353028-010
CUSTOMER NO: 7839690

DOMESTIC FILINGS

NAME: WINGIN' IT IN JUNO HOLDINGS,
LLC

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

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 _____