

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAY 11 PH 4:54

RECEIVED
FLORIDA DEPARTMENT OF STATE

500299174525

CR2E041 (1/14)

DOCUMENT # L15000128498

1. Limited Liability Company's Name
ACT of W, LLC

2. Principal Office Address - No P.O. Box #
99 Corte Del Brisas

Suite, Apt. #, etc.

City & State
Marathon, FL

Zip
33050

Country

3. Mailing Office Address
99 Corte Del Brisas

Suite, Apt. #, etc.

City & State
Marathon, FL

Zip
33050

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 07/28/2015

6. FEI Number

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
Christian C. Sautter

Street Address (P.O. Box Number is Not Acceptable) Suite,
2850 North Andrews Avenue

Apt. #, Etc.

City
Wilton Manors

State
FL

Zip Code
33311

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

Christian C. Sautter

Date 5-5-17

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	Philip Demeo	99 Corte Del Brisas	Marathon, FL 33050

REINSTATEMENT

MAY 11 2017

R. HUNT

11. E-mail Address: phildemeo@comcast.net

(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

Philip Demeo

Date 5-5-17

Daytime Phone # 954-648-5366

Typed or printed name of signing authorized representative/member

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

ACCOUNT NO. : I20000000195

REFERENCE : 635841 98373A

AUTHORIZATION

COST LIMIT : \$ 377.50

ORDER DATE : May 10, 2017

ORDER TIME : 12:16 PM

ORDER NO. : 635841-005

CUSTOMER NO: 98373A

DOMESTIC FILINGS

NAME: ACT OF W, 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 _____

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DEPARTMENT OF STATE
17 MAY 11 PM 4:17

MAY 11 2017

R. HUNT