PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 MAR 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L16000167501

1. Limited Liability Company's Name
Window Wiz LLC.

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #
7009 Crystal Brook Ct.
Suite, Apt. #, etc.
City & State
Tallahassee Fl.
Zip 32303 Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 9/14/16

6. FEI Number None ☐ 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
Alex Matthews
Street Address (P.O. Box Number is Not Acceptable)
7009 Crystal Brook Ct 32304
Suite, Apt. #, Etc.
City
Tallahassee
State FL Zip Code 32504

E-mail Address:
200311288772
03/30/18--01002--010 **377.50
ajmklmavm663@gmail
(To be used for future annual report notices)

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 5/29/18

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	Alex Matthews	7009 Crystal Brook Ct	Tall, FL 32303
	REINSTATEMENT		MAR 29 2018
			R. HUNT

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person _____ Date 3/29/18 Daytime Phone (850) 980-7916

Typed or printed name of signing Authorized Person _____