

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L9500000973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV -6 PM 3:46

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L9500000973**

WNRS Management LLC
6825 NW 8TH Ave
Gville FL 32605

1a. Principal Place of Business Address

6825 NW 8TH Ave
Gville FL 32605

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Perkins Restaurant
Suite, Apt. #, etc.

2a. Mailing Address
above
Suite, Apt. #, etc.

3. Date Organized or Qualified
11/94

3a. State of Formation
FL

City & State

City & State

4. FEI Number
59-3343910

☐ Applied For
☐ Not Applicable

Zip Country
Alachua

Zip Country
US

5. Date of Last Report
6/97

6. Certificate of Status Desired
☒ \$9.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Geri Shanley
13221 Millhopper Rd
Gville FL 32653

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

G Shanley

Date

11/1/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Pres.
mgr

Geri Shanley

6825 NW 8TH Ave

Gville FL 32605

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****688.75 ****688.75

REINSTATEMENT

1998

(PK)

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of Managing Member/Manager

G Shanley

Date

11/1/98

Daytime Phone #

352 331-0388

Typed or printed name of signing Managing Member/Manager

Geri L Shanley