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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC -9 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900025338199  
12/09/03--01003--010 \*\*150.00

DOCUMENT # L98 00000 1252

1. Limited Liability Company's Name

W-D PROPERTIES, L.C.

2. Principal Office Address

3116 CAPITAL CIRCLE NE

Suite, Apt. #, etc.

#5

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32308

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7-28-98

6. FEI Number

593525474

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

SONYA K. DAWS

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

3116 CAPITAL CIRCLE NE

Suite, Apt. #, Etc.

#5

City

TALLAHASSEE

State

FL

Zip Code

32308

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

*[Signature]*

Date 12/4/03

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ARTHUR P. WIMBERLEY JR	PO BOX 13041	TALLAHASSEE, FL 32317
MGR	SONYA K. DAWS	3116 CAPITAL CIRCLE NE #5	TALLAHASSEE, FL 32308

**REINSTATEMENT**

*[Signature]*

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

*[Signature]*

Date

12/4/03

Daytime Phone #

(850) 668-5246

Typed or printed name of signing Managing Member/Manager

SONYA K. DAWS

CR2E041 (10/02)