

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

08 JUN 12 PM 2:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L98000002128

1. Limited Liability Company's Name

Wiggers, LLC

CR2E041 (12/07)

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

821 West Bloomingdale Avenue

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

USA

3. Mailing Office Address

821 West Bloomingdale Avenue

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/6/1998

6. FEI Number

65-0867776

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

Scott A. Wiggers

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

821 W. Bloomingdale Avenue

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/3/2008

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	Scott A. Wiggers	821 West Bloomingdale Avenue	Brandon, Florida 33511

REINSTATEMENT

04-08

800129051648
05/12/08--01052--012 **\$55.00

800129051648
05/23/08--01022--012 **\$43.75

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

Date 5/3/2008

Daytime Phone # 813-654-7411

Typed or printed name of signing Managing Member/Manager

Scott A. Wiggers