

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		3. Mailing Office Address 821 West Bloomingdale Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brandon, Florida		City & State Brandon, Florida	
Zip 33511	Country USA	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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Date 5/3/2008

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	Scott A. Wiggers	821 West Bloomingdale Avenue	Brandon, Florida 33511
<p>REINSTATEMENT</p> <p>04-08</p> <p>800129051648 05/12/08--01052--012 **\$55.00</p> <p>800129051648 05/29/08--01022--012 **\$43.75</p>			

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