

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT # L99000004214

1. Limited Liability Company's Name

SING & WILSON, LLC.

2. Principal Office Address

7649 MARTHA'S WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

Zip **Country**

32566

USA

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

July 99

6. FEI Number

54-1929255

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LISA MARIE MANION

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

7649 MARTHA'S WAY

Suite, Apt. #, Etc.

300004702453-1

-12/03/01--01058--028

****150.00 ****150.00

City

NAVARRE

State

FL

Zip Code

32566

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**

Lisa Marie Manion

Date 11/9/01

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
MGRM	LISA MARIE MANION	7649 MARTHA'S WAY	NAVARRE, FL 32566
MGRM	MICHAEL LUM SING	6527 ELNIDO DRIVE	MCLEAN, VA 22101
MGRM	RICHARD BRYANT WILSON, JR	37149 WILD ROSE LANE	MURRIETH, CA 92562
MGRM	CHARLES JAMES SHOFF	638 UNIVERSITY DRIVE	WALDORF, MD

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**

Lisa Marie Manion

Date 11/9/01

Daytime Phone # 850-939-6013

Typed or printed name of signing Managing Member/Manager

LISA MARIE MANION

CR2E041 (8/01)