

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

00 OCT 31 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004433

1. Limited Liability Company's Name

WAYLYN ENTERPRISES L.L.C.

**REINSTATEMENT 70.00**

2. Principal Office Address

265 LOGGERHEAD DR

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

Zip

32951

Country

USA

3. Mailing Office Address

265 LOGGERHEAD DR

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH FL

Zip

32951

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

7/21/99

6. FEI Number

22-3671190

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

33324

300003456233-7

-11/07/00-01127-012

\*\*\*\*150.00 \*\*\*\*150.00

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/31/00

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
Member	Mitchell W. Greenberg	265 Loggerhead Drive	Melbourne Beach FL 32951
Member	Christina L. Senft	265 Loggerhead Drive	Melbourne Beach FL 32951
Member	HARVEY Greenberg	1920 Jupiter Terrace	Vero Beach FL 32961

DB  
10-31-00

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

10/14/00

Daytime Phone #

321-726-0099

Typed or printed name of signing Managing Member/Manager

MITCH GREENBERG

CR2E041 (9/00)