L99000064433

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Division of Corporations
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DIVISION OF CORPORATIONS
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LIMITED LIABILITY REINSTATEMENT

WAYLYN ENTERPRISES L.L.C.

Certificate of Status	(1)
Certified Copy	~~0~~ (1)
Page Count	~~3~~ 02
Estimated Charge	~~$1,315.00~~

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T. HAMPTON
MAR 23 2009
EXAMINER

Connie Bryan
Assistant Secretary

March 19, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WAYLYN ENTERPRISES L.L.C.
265 LOGGERHEAD DRIVE
MELBOURNE BEACH, FL 32951

SUBJECT: WAYLYN ENTERPRISES L.L.C.
REF: L99000004433

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H09000058973
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RECEIVED
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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
09 MAR 13 AM 8:40

DOCUMENT # L99000004433

1. Limited Liability Company's Name

WAGLGN ENTERPRISES, LLC

CR2ED41 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1010 N RIVERSIDE DR	1010 N RIVERSIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1
City & State	City & State
INDIALANTIC FL	INDIALANTIC FL
Zip / Country	Zip / Country
32903 / US.	32903 / US

4. State/Country of Formation: FLORIDA US

5. Date Organized or Qualified To Do Business in Florida: 3/21/1999

6. FEI Number: 22-3671190 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☒ 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: Madonna Cuddihy Special Assistant Secretary 3-12-09

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	MITCH GREENBERG	1010 N RIVERSIDE DR	INDIALANTIC FL 32903
MGR	CHRISTINA SENFT	1010 N RIVERSIDE DR	INDIALANTIC FL 32903
MGR	HARVEY GREENBERG	315 FIRST AVE	Melbourne Beach FL 32951

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 608.408, 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: 3/10/09 Daytime Phone #: 321-223-5350

Typed or printed name of signing Managing Member/Manager: MITCH GREENBERG

FLTH - 10/06/2008 CT System Online

REINSTATEMENT 2002-2009