

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris SECRETARY OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NOV -6 PM 1:02

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DOCUMENT # **L99-4494**

1. Limited Liability Company's Name
WSFG LLC

REINSTATEMENT 2000

2. Principal Office Address
17030 Brookwood DR.
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

Zip
33496

Country
PALESTINE

Zip
Country

4. State/Country of Formation
PALESTINE

5. Date Organized or Qualified
To Do Business in Florida
7/23/99

6. FEI Number
65-0936365

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
HERBERT I. LEVITT **700003465127-6**

Street Address (P.O. Box Number is Not Acceptable)
17030 BROOKWOOD DR. **11/16/00-01001-020**
******150.00 ****150.00**

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33496

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 **[Signature]**
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
Pres	HERBERT I. LEVITT	17030 Brookwood DR	BOCA RATON, FL 33496
V.P.	ROBERT A. FREDMAN	18 Cooper Rd.	Scarsdale, N.Y. 10583

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 **[Signature]**

Date **10/31/00** Daytime Phone # **561-482-4121**

Typed or printed name of signing Managing Member/Manager **HERBERT I. LEVITT**