

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 OCT 11 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200184913972
08/31/10--01037--001 **932.50
CR2E041 (05/10)

DOCUMENT # L99000005221

1. Limited Liability Company's Name

Willoughby Plaza, LLC

2. Principal Office Address - No P.O. Box #
3509 SE Willoughby Blvd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

3509 SE Willoughby Blvd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 23, 1999

6. FEI Number

650975125

☐ 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

Name

Brent C. Maxson

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

3509 SE Willoughby Boulevard

Suite, Apt. # Etc.

City

Stuart

State

FL

Zip Code

34994

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

REGISTERED AGENT MUST SIGN

George Hough

Date

10/6/10

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
MGMR	Brent C. Maxson	3509 SE Willoughby Blvd.	Stuart, FL 34994
MGMR	Joseph C. Taub	3515 SE Willoughby Blvd.	Stuart, FL 34994

REINSTATEMENT

05-10

11. E-mail Address: george@proactivelegalcare.com

(To be used for future annual report notifications)

12. 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

Brent C. Maxson

Date 8/27/2010

Daytime Phone # 772-220-2990

Typed or printed name of signing Managing Member/Manager Brent C. Maxson, Managing Member