

L9900005598

LIMITED LIABILITY COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 17 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99-5598

1. Limited Liability Company's Name

W & O Explorations L.L.C.

2. Principal Office Address

3. Mailing Office Address

3700 Galt Ocean Dr.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#614

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33308

U.S.A.

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

09-08-99

6. FEI Number

65-0949076

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

Edgar Wortmann

200006560982-6

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

07/23/02-01004-001

3700 Galt Ocean Drive

****255.00 ****255.00

Suite, Apt. #, Etc.

#614

City

Fort Lauderdale,

State
FL

Zip Code
33308

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

SS#

MGRN. 086-46-0930

Date

July 11-02

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
OM	Edgar Wortmann	3700 Galt Ocean Drive	Fort Lauderdale, FL 33308
VOM	Peter Oberhoff	3700 Galt Ocean Drive	Fort Lauderdale, FL 33308
Sec.	Edgar Wortmann	3700 Galt Ocean Drive	Fort Lauderdale, FL 33308
Tre.	Peter Oberhoff	3700 Galt Ocean Drive	Fort Lauderdale, FL 33308

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

954-561-0503

Daytime Phone #

954-568-0039

Typed or printed name of signing Managing Member/Manager Edgar Wortmann