

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L99000007098

FILED

02 OCT 25 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000007098

Name and Mailing Address

0010601 01 FP 0.352 **PRSRT H9 0 0615 34747-502820



WEH HURD ENTERPRISE LLC
220 EASTPARK DR.
CELEBRATION FL 34747-5028



10/21/02

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 220 EASTPARK DR. CELEBRATION FL 34747		5. Date Organized or Qualified To Do Business in Florida 10/21/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3600194	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HURD, WILLIE E 220 EASTPARK DR. CELEBRATION FL 34747		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Willie E. Hurd Date 10-21-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HURD, WILLIE E	220 EASTPARK DR.	CELEBRATION FL 34747
		200008588352 10/25/02--01026--002 **\$55.00	
REINSTATEMENT <u>2002</u> <u>BK</u>			

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 Willie E. Hurd Date 10-21-02 Daytime Phone # 407-973-8847

Typed or printed name of signing Managing Member/Manager Willie E Hurd