

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 OCT 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L99000008075

1. Limited Liability Company's Name

Food For Thought at WGV, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

355 South Legacy Trail

Suite, Apt. #, etc.

Suite 6

City & State

St. Augustine, Florida

Zip

32092

Country

USA

3. Mailing Office Address

355 South Legacy Trail

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

38- 350 4069

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

Dale A. Beardsley, Esq.

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

12 East Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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

Date

10/16/00

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
Mgr	Thomas K. Crimmins	355 South Legacy Trail, Suite 6	St. Augustine, FL 32092

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

Tom Crimmins

Date

10/16/00

Daytime Phone #

(734) 604-4692

Typed or printed name of signing Managing Member/Manager

TOM CRIMMINS