

AUG 19-2003

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APPROVED  
AND  
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P.03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9 AM 9:29

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008344

1. Limited Liability Company's Name

Wolfe &amp; Associates, L.L.C.

**REINSTATEMENT**2000 -  
2003

2. Principal Office Address

115 S.W. 12th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

115 S.W. 12th Terrace

Suite, Apt. #, etc.

4. State/Country of Formation  
Florida5. Date Organized or Qualified  
To Do Business in Florida 12/01/99

6. FEI Number

65-0966213

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of StatusCity & State  
Cape Coral, FloridaCity & State  
Cape Coral, FloridaZip Country  
33991-2865 U.S.Zip Country  
33991-2865 U.S.

## 8. Name and Address of Current Registered Agent

Name  
Business Filings IncorporatedStreet Address (P.O. Box Number is Not Acceptable)  
666 East Jefferson Street

Suite, Apt. #, Etc.

City  
TallahasseeState  
FLZip Code  
32301

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

Date 8/15/03

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
Member	Priscilla L. Day MGRM	115 S.W. 12th Terrace	Cape Coral, FL 33991-2865
Member	Roger E. Wolfe MGRM	115 S.W. 12th Terrace	Cape Coral, FL 33991-2865
Member	Ronald E. Wolfe MGRM	115 S.W. 12th Terrace	Cape Coral, FL 33991-2865

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 7/8/03

Daytime Phone # (941) 497-1728

Typed or printed name of signing Managing Member/Manager Roger E. Wolfe, Member

4030002546353

TOTAL P.03

AUG-19-2003 14:09

2003  
P.02



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 18, 2003

WOLFE & ASSOCIATES, L.L.C.  
22134 SEASHORE CIRCLE  
ESTERO, FL 33928-4303

SUBJECT: WOLFE & ASSOCIATES, L.L.C.  
REF: L99000008344

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H03000254635  
Letter Number: 703A00046679

Florida Department of State  
Division of Corporations  
Public Access System

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**LIMITED LIABILITY REINSTATEMENT**

**WOLFE & ASSOCIATES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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