

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2004 DEC 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M03000001598**

**1. Limited Liability Company's Name**  
WYCHEECA, LLC

700043581347  
12/22/04--01024--001 \*\*155.00

<b>2. Principal Office Address</b> 199 E. Pearl, Suite 103 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> PO Box 14250 Suite, Apt. #, etc.	
City & State Jackson, WY		City & State Jackson, WY	
Zip 83001	Country USA	Zip 83002	Country USA

<b>4. State/Country of Formation</b> WY	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 5/20/03	
<b>6. FEI Number</b> 42-1592076	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name MANN & WOLF, LLP		
Street Address (P.O. Box Number is Not Acceptable) 4300 NORTH UNIVERSITY DRIVE		
Suite, Apt. #, Etc. SUITE C-203		
City Sunrise	State FL	Zip Code 33351

**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 12/20/04  
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
MGR	Jerry Johnson	199 E. Pearl, Suite 103	Jackson, WY 83001

**REINSTATEMENT** 04  
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**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 12/20/04 Daytime Phone# 954.572.9944

Typed or printed name of signing Managing Member/Manager Andrew Mann, Esq., authorized representative for Jerry Johnson, Manager.

CR2E041 (1/0/02)