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Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT
METRO WEST TEXAS, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 OCT 25 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/11)

DOCUMENT # M08000001828

1. Limited Liability Company's Name

Metro West Texas, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7767 Casasia Court	7767 Casasia Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/16/2008

6. FEI Number: 208554888 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required For a Certificate of Status

8. Name and Address of Current Registered Agent

Name: FREY, CHARLES C

Street Address (P.O. Box Number is Not Acceptable): 7767 CASASIA COURT

REINSTATEMENT

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32835

E-mail Address:
chuck@corporatesvcs.org
(To be used for future annual report notices)

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: Charles C Frey Date: 10/24/2012
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHARLES C. FREY	7767 CASASIA CT	ORLANDO, FL 32835
MGR	ERICKA Z. WOOD	7767 CASASIA CT	ORLANDO, FL 32835

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 608.508, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Charles Frey Date: 10/24/2012 Daytime Phone #: 321-377-1361

Typed or printed name of signing Managing Member/Manager: Charles Frey

B. BOSTICK

OCT 26 2012

EXAMINER