

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED** *W5/26*  
**00 MAY 26 AM 9:42**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** M 98000001180

**1. Limited Liability Company's Name**

MARGAMY, LLC

**2. Principal Office Address**

325 John Knox Road

Suite, Apt. #, etc.

Building M

City & State

Tallahassee, FL

Zip

32303

Country

USA

**3. Mailing Office Address**

325 John Knox Road

Suite, Apt. #, etc.

Building M

City & State

Tallahassee, FL

Zip

32303

Country

USA

**4. State/Country of Formation**

Delaware

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

10/15/98

**6. FEI Number**

56-2029738

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

Ralph C. Datillio

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

Broad and Cassel, 215 South Monroe Street

Suite, Apt. #, Etc.

Suite 400

City

Tallahassee,

State

FL

Zip Code

32301

600003274956-0

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\*\*\*\*200.00 \*\*\*\*200.00

**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

*Ralph C. Datillio*  
REGISTERED AGENT MUST SIGN

Date

*May 25, 2000*

**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
Manager	W. Clay Hamner	325 John Knox Road Building M	Tallahassee, FL 32303
Manager	WMR Capital Corp.	325 John Knox Road, Bldg. M	Tallahassee, FL 32303

**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

*W. Clay Hamner*

MANAGER

Date

*5/24/00*

Daytime Phone #

*850-422-7770*

Typed or printed name of signing Managing Member/Manager

W. CLAY HAMNER