

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rwood@fowler-white.com

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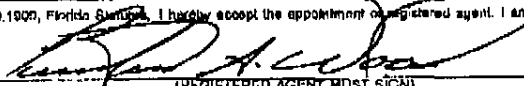
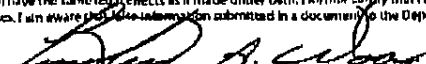
LP/LLLP REINSTATEMENT
WISU PROPERTIES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,000.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2011 OCT 12 AM 8:30 SECRETARY OF STATE FALL HASSEE, FLORIDA FILED
DOCUMENT # A32612 1. Name of Limited Partnership WISU PROPERTIES, LTD.				
2. Principal Office Address - No P.O. Box # 6500 CELLINI STREET Suite, Apt. #, etc.		3. Mailing Office Address 6500 CELLINI STREET Suite, Apt. #, etc.		
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		
Zip 33146	Country USA	Zip 33146	Country USA	
4. Date Formed or Registered To Do Business in Florida 02/25/1992				
5. Federal Number 65-0313517		Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Addition of Fee required for a Certificate of Status				
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$86.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof of limited partnership revoked on our records.				
8. Name and Address of Current Registered Agent Name RICHARD A. WOOD, ESQ. Street Address (P.O. Box Number is Not Applicable) 1395 BRICKELL AVENUE Suite, Apt. #, Etc. 14TH FLOOR City MIAMI				FL 33131 Zip Code
E-mail Address: rwood@fowler-white.com E-Mail address to be used for future annual report notices.				
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  DATE 10/14/11 (REGISTERED AGENT MUST SIGN)				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
10. Name(s) of General Partner(s) WLW GROUP2, LLC	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6500 CELLINI STREET	City, State and Zip Code CORAL GABLES, FL 33146	10a. Registration Document Number L07000054252	
<h1 style="font-size: 2em;">REINSTATEMENT</h1> <div style="font-size: 2em; font-family: cursive;"> 11 10-13-11 </div>				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes, and that the Division of Corporations (from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is disseminated from public access.) further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to prepare this report as required by chapter 620, Florida Statutes. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.122, F.S.				
SIGNATURE  DATE 10/11/2011 RICHARD A. WOOD, as Managing Member of WLW GROUP2, LLC, as General Partner				Telephone Number
Typed or Printed Name of General Partner Signing Form				