## 2009 LIMITED PARTNERSHIP REINSTATEMENT

	DOCUMENT #A9700002117  1. Entity Name WWM, LTD.					FILEL) 2009 APR 21 PM 1:	04	
	Principal Place of Business . , 500 S. FLORIDA AVENUE, STE. 700 LAKELAND, FL 33801		Mailing Address P.O. BOX 725589 ATLANTA, GA 31139			SECRETARY OF STA TALLAHASSEE, FLOR	ATE RIDA	
•	Principal Place of Business - No P.O. Box #     3. M		3. Mailing Address	Mailing Address				
,	Suite, Apt #, etc.		Suite, Apt. #, etc.			04102009 REIN-LP	CR2E100 (1/07)	
	City & State		City & State			4. FEI Number 58-2347006	Applied For Not Applicable	
	Zip	Country	Zip	Coun	try		\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				Nama	7. Name and Address of New Reg		
	AIRTH, ADAM ESQ.				Name Ronald L. Clark, Esq.			
	500 SOUTH FLORIDA AVENUE, STE. 800 LAKELAND, FL. 33801			Street Address (P O Box Number is Not Acceptable) 500 South Florida Avenue, Suite 800				
					City Lakeland FL Zip Code 33801			
	Pursuant to the provisions of Section 570 1810 or 620,1909, Florida Statutes, Lhereby Chapter 620, Florida Statutes.			l hereby a	Lakeland FL 33801 accept the appointment of registered agent. Lam familiar with, and accept the obligations of			
	SIGNATURE							
ŀ	Signature, typic or printed necessities agent and title if applicable. (REGISTERED AGENT MUST SIGN)  FILE NOWIII FEE IS \$1000.00				r sign)	In accordance	with s. 607.193(2)(b), F.S., Inership did not receive the	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
	NOTE: General Partners MAY NOT be changed on the form				; an amendmen	t must be filed to change a gene	eral partner.	
ŀ	DOCUMENT # F0400001460			13.		ADDRESS CHANG	GES ONLY	
	NAME CERTET ADDRESS			SIM	FT ADDRESS			
	STREET ADDRESS 500 S. FLORIDA AVENUE, STE.  CITY-SI-ZIP LAKELAND, FL 33801		700	СПТХ		30015093	39303	
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	DOCUMENT # NAME			STRE	ET ADDRESS	WOLAILWEN	TONING	
	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
STAPLE	DOCUMENT / NAME STREET ADDRESS				ET ADDRESS	Q	422-09	
	indicated	certify that the information supplied wit on this report is true and accurate and eiver or trustee empowered to execute	that my signature shall have	for the execution	kemptions contained	iade under oath, that I am a General F	orther certify that the information Partner of the limited partnership	
	SIGNATURE: Wille I day Secretary of the General Partner 4/16/2009 863-647-1581							
l			PRINTED NAME OF SIGNING GENE			Da'e	Daytima Phone Ir	

FILED

2009 APR 21 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

This Instrument Prepared By: William T. Link, Esq. Clark, Campbell, Mawhinney & Lancaster, P.A. 500 South Florida Avenue, Suite 800 Lakeland, FL 33813

## **AFFIDAVIT**

STATE OF FLORIDA COUNTY OF POLK

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared Benjamin D.E. Falk ("Affiant"), who after being by me first duly sworn, deposes and says:

- 1. That Affiant has personal knowledge of the matters contained herein.
- 2. That WWM, LTD., a Florida limited partnership did not receive notices prior to the the 10<sup>th</sup> day of April, 2009 notifying it that its certificate of authority was revoked in the records of the department of corporations in the office of the Secretary of State for the State of Florida.
- 3. That the Affiant is familiar with the nature of an oath; and with the penalties provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature.

FURTHER AFFIANT SAYETH I	NOI.
AFFIANT:	Maynum L. De
	BENJAMIN D.E. FALK
SWORN TO AND SUBSCRIBED Falk, who is personally known to me or identification and who did take an oath.	before me this 14 day of April 2009 Benjamin D.E. has produced as
SUZANNE G. TREVILLIAN Commission # DD 803933 My Commission Expires July 07, 2012	Printed Name: SUZANNE G. TREVICUAN Notary Public State of Florida at Large My Commission Expires: 77-12