


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>L 000 000 07502</u>					
<b>1. Limited Liability Company's Name</b> <u>WP Enterprises LLC</u>					
<b>2. Principal Office Address</b> <u>2101 Bay Dr. N</u> Suite, Apt. #, etc. _____			<b>3. Mailing Office Address</b> <u>same</u> Suite, Apt. #, etc. _____		
<b>City &amp; State</b> <u>Bradenton Beach Florida</u>			<b>City &amp; State</b> <u>Florida</u>		
<b>Zip</b> <u>34217</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> _____	<b>Country</b> _____		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. State/Country of Formation</b> <u>FLORIDA</u>	
<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>June 26 2000</u>	
<b>6. FEI Number</b> <u>65-1022149</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
<b>Name</b> <u>Pierre Depasse</u>	<b>1-800-476-2541</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>2101 Bay Dr N</u>	<b>-01/09/02--01044--018</b>
<b>Suite, Apt. #, Etc.</b> <u>Bradenton Beach</u>	<b>***150.00 ***150.00</b>
<b>City</b> <u>FL. 34217</u>	<b>State</b> <u>FL</u> <b>Zip Code</b> _____

<b>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.</b>	
<b>Signature of Registered Agent</b> <u>Pierre Depasse</u>	<b>Date</b> <u>Dec 20, 2001</u>
<b>REGISTERED AGENT MUST SIGN</b>	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<u>P</u>	<u>Wendy DEPASSE</u>	<u>2101 Bay Dr N</u>	<u>Bradenton Bch</u>
<u>VP</u>	<u>Pierre DEPASSE</u>		<u>FL. 34217</u>
<div style="text-align: center;"><b>REINSTATEMENT</b> <u>dec</u></div>			

<b>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.</b>	
<b>Signature of Managing Member/Manager</b> <u>Pierre Depasse</u>	<b>Daytime Phone #</b> <u>941 778 7459</u>
<b>Typed or printed name of signing Managing Member/Manager</b>	