PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT CF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # L 0000011040  1. Limited Liability Company's Name		02 JAN -3 PM 12: 53
W2B Services LLC		
2. Principal Office Address  / O 8 / 8 92 nd 51. N- Suite, Apt. #, etc.	3. Mailing Office Address  10818 92nd 57. W.  Suite, Apt. #, etc.	4. State/Country of Formation  Flor I du  5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 9/11/00
Largo, FL Zip Country	Largo, FL Zip Country	6. FEI Number Applied For Not Applicable
33777 USA	33777 USA	CERTIFICATE OF STATUS DESIRED (1970) CONTROL (1970)
	8. Name and Address of Current Registe	red Agent
Name		
		State Zip Code FL 33277
Signature of Registered Agent	ove named limited liability company, am familiar with and with an experience of the second se	accept the obligations of Chapter 608, F.S.  Date 12/27/01
10. Names and Street Addresses of Managing Me	mbers/Managers	
Titles Name of Managing Members/Manag	Street Address of Eac ers Managing Member/Mana	
Marm Ronald E. War	ren 10818 92nd St.	N. Larso, FL 33277
		Rein 100
REINSTA	TEMENT 2001	150. 10
11. Longity that Lam managing member/manages	or the receiver or tructed empowered to execute this an	Dication as provided for in chapter 608; F.S. I further certify that when
filing this reinstatement application the reason fo	r dissolution has been eliminated, the limited liability com	pleation as provided for in chapter 608; F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect

Date 12/2/01 Daytime Phone # 727 39/-72/6\_

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager \_