2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0100001840 1. Entity Name W & W LIMITED COMPANY						2007 SEP -6 PH 1: 46				
Principal Place of Business			Mailing Address			cutobrita	SM DE	evarë		
4801 DYER BLVD WEST PALM BEACH, FL 33407			1625 TEMPLE BLVD LOXAHATCHEE, FL 33470		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		08272007	REIN-LLC	CR2E1	01 (1/07)		
City & State			City & State		4. FEI Number 65-1089	" 			plied For Applicable	
Zip	Country		Zip Country		ry 	<u> </u>	f Status Desired	ا ت	5.00 Addi ee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered A	gent	
WALKER, JIMMY 16525 TEMPLE BLVD. LOXAHATCHEE, FL 33470					Street Address (P.O. Box Number is Not Acceptable)					
					_ .					
					City	FL Zip Code				
	named entit tions of regis		the purpose of changing its	registere	ed office or registe	ered agent, or both	i, in the State of Flor	rida. I am f	amiliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	d Agent eignature requ	ired when reinstating)		DATE		
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S. liability company did not receive the prior						ne limited otice.		check pa Departme	yable to out of State	
9.	T =	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, JIMMY MPLE BLVD TCHEE, FL 33470	☐ Delete	TITLE NAME STREE CITY-S		INST	ATEN	1EI	$\operatorname{T}_{\mathcal{A}}$	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		L	60 09/11	0 0109 2 /0701019	2 95 0	□ Change □ □ □ ** 1 □ □	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE						Addition
									☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	STREE CITY-S TITLE NAME STREE	ET ADDRESS ST-ZIP			_	☐ Change	Addition :
NAME Street address			□ Delete	STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE	ET ADDRESS S3-ZiP ET ADDRESS S1-ZiP					☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				STREE CITY-: HITLE NAME STREE CITY-: HITLE NAME STREE CITY-: HITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				☐ Change	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	l on this repo	nt is true and accurate and t	□ Delete	STREE CITY IIILE NAME STREE CITY	ET ADDRESS ST-ZIP Inplions contained legal effect as if	made under oath;	that I am a managi	rther certify ing membé	☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	on this reposition of the compa	ort is true and accurate and inny or the receiver or trustee	☐ Delete ☐ Delete ☐ this filing does not qualify for that my signature shall have the content of the content o	STREE CITY- TITLE NAME STREE CITY- HITLE NAME STREE CITY- HITLE NAME STREE CITY- THE EXEMPTHE SAME STREE CITY- THE exempthe same report as	ET ADDRESS ST-ZIP mptions contained legal effect as if required by Chap	made under oath; pter 608, Florida S	that I am a managi tatutes.	ing membe	☐ Change ☐ Change ☐ Change	Addition Addition