

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 15 PM 2:11

1. DOCUMENT # L01000002133

Name and Mailing Address

0009305 01 AT 0.292 **AUTO T4 0 0615 33607-385075



WALDEC CAPITAL I, LLC
 5445 W. CYPRESS STREET
 SUITE 300
 TAMPA FL 33607-3850



2. New Mailing Address <i>3111 West M.L.K. Blvd, Suite 360</i>		4. State/Country of Formation FL	
City, State, Zip <i>TAMPA, FL 33607</i>		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
Principal Place of Business 5445 W. CYPRESS STREET SUITE 300 TAMPA FL 33607	3. New Principal Place of Business Address <i>3111 West M.L.K. Blvd Suite 360</i>		6. FEI Number 58-3718157
City, State, Zip <i>TAMPA, FL 33607</i>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J ESQ. 201 N. FRANKLIN STREET SUITE 2600 TAMPA FL 33602		9. Name and Address of New Registered Agent Name <i>Thomas E. Wallace</i> Street Address, (P.O. Box Number is Not Acceptable) <i>3111 West M.L.K. Blvd.</i> <i>Suite 360</i> City <i>TAMPA</i> FL Zip Code <i>33607</i>	
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10. 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.

Signature of Registered Agent *Thomas E. Wallace* **SIGNATURE REQUIRED** Date *12-9-03*
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WALLACE, THOMAS E	5445 W. CYPRESS STREET	TAMPA FL 33607
MGRM	ADAMEK, R. KEVIN	5445 W. CYPRESS STREET	TAMPA FL 33607
000025491110 12/15/03--01019--025 **150.00			
REINSTATEMENT <i>2003</i>			

12. 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.

Signature of Managing Member/Manager *Thomas E. Wallace* **SIGNATURE REQUIRED** Date *12-9-03* Daytime Phone # *813.244.4553*
 Typed or printed name of signing Managing Member/Manager *THOMAS E. WALLACE*

CR2E034 (7/03)