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FAX AUDIT NUMBER: H04000040992 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012339

1. Limited Liability Company's Name

WSG CARILLON, L.L.C.

2. Principal Office Address	3. Mailing Office Address
400 Arthur Godfrey Road	**400 Arthur Godfrey Road**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: **Miami Beach, Florida**	City & State: **Miami Beach, Florida**
Zip: **33140** Country: **USA**	Zip: **33140** Country: **USA**

4. State/ Country of Formation: **Florida**

5. Date Incorporated or Qualified To Do Business In Florida: **07/25/2001**

6. FEI Number: **20-0127138** ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and address of Current Registered Agent

Name: **Registered Agents of Florida, LLC**
Street Address (P.O. Box Number is Not Acceptable): **100 Southeast Second Street**
Suite, Apt. #, Etc: **Suite 2900**
City: **Miami** State: **FL** Zip Code: **33131**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of Registered Agent: Charles J. Rennert, VP Date: 2/25/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Members/ Managers	City / State / Zip
MGRM	WSG Development Co.	400 Arthur Godfrey Road	Miami Beach, Florida 33140
		REINSTATEMENT	02-04

10. I hereby certify that I am managing/ member 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 corporate name satisfies the requirements of section 608.408, 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: Eric D. Sheppard, Director Date: 2/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Daytime Phone #

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LIMITED LIABILITY REINSTATEMENT

WSG CARILLON, L.L.C.

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