

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 AM 10:31

DOCUMENT #

1. Limited Liability Company's Name

MWC Capital Partners, L.L.C.

LD10000/3078

2. Principal Office Address

1206 East Ridgewood Street

3. Mailing Office Address

P.O. Box 8700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Winter Park, Florida

Zip

32803

Country

USA

Zip

32790

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

08/06/2001

6. FEI Number

59372190

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Christy, William J.

Street Address (P.O. Box Number is Not Acceptable)

2351 Via Tuscany

Suite, Apt. #, Etc.

100061916121
12/05/05--01071--013 **105.00

City

Winter Park

State

FL

Zip Code

32789

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.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/7/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Christy, M.	P.O. Box 8700	Winter Park, Florida 32790
MGR	Christy, W.	P.O. Box 8700	Winter Park, Florida 32790

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.

Signature of Managing Member/Manager

[Handwritten Signature]

Date

11/7/05

Daytime Phone #

972571071

Typed or printed name of signing Managing Member/Manager

William J. Christy

Manely Received
11/7/05