

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

CR2E041 (8/05)

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

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

Date 11/7/05

Daytime Phone #

47 257 1071

Typed or printed name of signing Managing Member/Manager

William J. Christy

Manely Received  
11/7/05  
out