

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021147

Name and Mailing Address

0000500 01 FP 0.352 \*\*PRST T2 0 0615 32751-425495  
WCG 1, LLC  
630 NORTH WYMORE RD., STE. 370  
MAITLAND FL 32751-4254



2. New Mailing Address		4. State/Country of Formation FL	
City: State: Zip		5. Date Organized or Qualified To Do Business in Florida 12/07/2001	
Principal Place of Business 630 NORTH WYMORE RD., STE. 370 MAITLAND FL 32751	3. New Principal Place of Business Address City: State: Zip	6. FEI Number 68-0551279	Applied For Not Applicable
8. Name and Address of Current Registered Agent WRIGHT, DAVID L 630 NORTH WYMORE RD., STE. 370 MAITLAND FL 32751		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600018462156 05/07/03--01095--002 **205.00 City FL Zip Code	
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 <i>David Wright</i> Date 5/5/03 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
P	WRIGHT DAVID L 2143 DEER HOLLOW CR. LONGWOOD, FL 32779		

REINSTATEMENT 02-03-03  
dec

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 *David Wright* Date 5/5/03 Daytime Phone # 407-647-6623

DAVID L. WRIGHT

CR2E084 (8/02)