

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L02000000131

**1. Limited Liability Company's Name**

3MW, LLC

000024615926  
11/13/09--01002--006 \*\*150.00

**2. Principal Office Address**

**3. Mailing Office Address**

1025 Greenwood Boulevard

3950 Shackelford Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 275

Suite 300

City & State

City & State

Lake Mary, FL

Duluth, GA

Zip

Country

Zip

Country

32746

USA

30096

USA

**4. State/Country of Formation**

Florida/USA

**5. Date Organized or Qualified To Do Business in Florida**

01/02/02

**6. FEI Number**

26-0007631

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Dale W. Morris*

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date 10-21-03

REGISTERED AGENT MUST SIGN

**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
MGRM	Duke Realty Limited Partnership	3950 Shackelford Road Suite 300	Duluth, GA 30096

**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

*John R. Gaskin*

Date 10/20/03

Daytime Phone # 770-717-3200

Typed or printed name of signing Managing Member/Manager

John R. Gaskin

CR2E041 (10/02)