

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT


FLORIDA DEPARTMENT OF REVENUE
Jeffrey A. Wolfe
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

04 MAY -5 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003-2004



1. DOCUMENT # L02000006544
Name and Mailing Address

0001706 01 AT 0.292 **AUTO TB 0 0615 32218-483004
3 W'S WINGZ, LLC
1004 DUNN AVE.
JEFF A. WOLFE
JACKSONVILLE FL 32218-4830

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/19/2002	
Principal Place of Business 1004 DUNN AVE. JEFF A. WOLFE JACKSONVILLE FL 32218	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 010639919	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent MCE-MILLER, JOHN → correction 333 FIRST ST. N. SUITE 305 JACKSONVILLE BEACH FL 32250	9. Name and Address of New Registered Agent Name: Miller, John MCE. Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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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: *[Signature]* **SIGNATURE REQUIRED** Date: 5/3/03
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
MGRM	WOLFE, JEFF A	1004 DUNN AVE.	JACKSONVILLE FL 32218

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: *[Signature]* **SIGNATURE REQUIRED** Date: 4-29-04 Daytime Phone #: 904-881-6812
Typed or printed name of signing Managing Member/Manager: Jeffrey A. Wolfe

CR2E084 (7/03)