MAR 01 '04 05:59PM FROM AND ASSEL P.2
Fax Audit No.: H04000044894 3

L02000023180

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000023180

1. Limited Liability Company's Name
WHEELER GROVES, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address		3. Mailing Office Address	
7777 GLADES ROD		7777 GLADES ROAD	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33434	Country U.S.	Zip 33434	Country U.S.

4. State/Country of Formation FLORIDA/UNITED STATES

5. Date Organized or Qualified To Do Business in Florida 09/06/2002

6. FEI Number 090-40-3556 ☐ 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: JAMES J. WHEELER, P.A.

Street Address (P.O. Box Number is Not Acceptable): 7777 GLADES ROAD

Suite, Apt. #, Etc.: SUITE 300

City: BOCA RATON | State: FL | Zip Code: 33434

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 _____ Date MARCH 1, 2004
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	JAMES J. WHEELER, P.A.	7777 GLADES RD., SUITE 300	BOCA RATON, FL 33434

3/2/04

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 03/01/04 Daytime Phone # (561) 483-7000

Typed or printed name of signing Managing Member/Manager JAMES J. WHEELER, PRESIDENT OF JAMES J. WHEELER, P.A.

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561)483-7000
Fax Number : (561)218-8960

LIMITED LIABILITY REINSTATEMENT

WHEELER GROVES, LLC

Certificate of Status	0
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