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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000027004

1. DOCUMENT # L02000027004

Name and Mailing Address

0016802 01 MB 0.309 **AUTO T1 0 0615 63141-710601



GANNON EQUITIES-MAITLAND, LLC
11301 OLIVE BLVD.
ST LOUIS MO 63141-7106



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/11/2002	
Principal Place of Business 11301 OLIVE BLVD. ST LOUIS MO 63141	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 48-1283551	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 FIELD, SYBIL C 11030 NORTH KENDALL DR., STE. 200 MIAMI FL 33176		9. Name and Address of New Registered Agent Name Sybil C. Field Street Address (P.O. Box Number is Not Acceptable) 15750 SW 105th Terrace, CL 201 City Miami FL Zip Code 33196	
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 <u>Sybil C. Field</u> SIGNATURE REQUIRED Date <u>11-26-03</u> 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
MM	WEF Partnership, LP	11301 Olive Blvd	St. Louis, MO 63141
			400025691984 12/22/03--01089--001 **150.00
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 <u>Sybil C. Field</u> SIGNATURE REQUIRED Date <u>11.26.03</u> Daytime Phone # <u>314-989-9600</u> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT

2003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 PM 3:02
11/15/04