

**L02000027006**

03 DEC 22 PM 3: 34

ST. LOUIS MO 63141-7106



REINSTATEMENT 2003

2. New Mailing Address					
City, State, Zip					
Principal Place of Business 11301 OLIVE BLVD. ST. LOUIS MO 63141			3. New Principal Place of Business Address		
			City, State, Zip		
4. State/Country of Formation <b>FL</b>					
5. Date Organized or Qualified To Do Business in Florida <b>10/11/2002</b>					
6. FEI Number <b>48-1283559</b>				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 <b>Sybil-C.-Field</b> Street Address (P.O. Box Number is Not Acceptable) <b>15750 SW 105th Terrace, Suite CL201</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33196</b>		
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 _____ <b>SIGNATURE REQUIRED</b> REGISTERED AGENT MUST SIGN Date <b>11-26-03</b>					
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		
			REINSTATEMENT 2003		
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 _____ <b>SIGNATURE REQUIRED</b> Typed or printed name of signing Managing Member/Manager _____ Date <b>11/26/03</b> Daytime Phone # <b>314-989-9600</b>					