


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO3000001925</u>			
1. Limited Liability Company's Name W.E.C., LLC			
2. Principal Office Address - No P.O. Box # 88 Rivers Edge Road Suite, Apt. #, etc.		3. Mailing Office Address 88 Rivers Edge Road Suite, Apt. #, etc.	
City & State North East, Maryland		City & State North East, Maryland	
Zip 21901	Country	Zip 21901	Country
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 01/16/2003	
6. FEI Number 030503054		<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
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 <u>Carina L. Dunlap</u> Carina L. Dunlap <u>Asst. Vice President</u> Date <u>01-19-10</u> <u>Corporation Service Company</u> 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
MGR	Matthew R. Moran	88 Rivers Edge Road	North East, Maryland 21901
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 <u>Matthew R. Moran</u> Date <u>1/19/2010</u> Daytime Phone # <u>301-655-7576</u> Typed or printed name of signing Managing Member/Manager <u>Matthew R. Moran, manager</u>			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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OK 2-8-10