

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:32

DOCUMENT # 203000035273

1. Limited Liability Company's Name

WONEF-ORANGE, LLC

2. Principal Office Address

525 Semira Street

Suite, Apt. #, etc.

3. Mailing Office Address

525 Semira Street

Suite, Apt. #, etc.

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip 30331

Country USA

Zip 30331

Country USA

[Handwritten initials]

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

April, 2004

6. FEI Number

14-1895756

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

Dale Cox

Street Address (P.O. Box Number is Not Acceptable)

11908 Provincial Way

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

[Signature of Dale Cox]

REGISTERED AGENT MUST SIGN

Date

11/13/2006

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	Paul G. Williams	525 Semira Street	Atlanta, Georgia 30331

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REINSTATEMENT 05-06

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

[Signature of Paul G. Williams]

Date

11/13/06

Daytime Phone #

404-505-8981

Typed or printed name of signing Managing Member/Manager

Paul G. Williams