

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 MAR -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L04000014695  
**1. Limited Liability Company's Name**  
 WCT Investment Properties, LLC.

<b>2. Principal Office Address - No P.O. Box #</b> 6362		<b>3. Mailing Office Address</b> Same	
Suite, Apt. #, etc. E. Hanna Ave.		Suite, Apt. #, etc. Same	
City & State Tampa, FL		City & State Same	
Zip 33610	Country Hillsborough	Zip Same	Country Same

**4. State/Country of Formation**  
Florida / USA

**5. Date Organized or Qualified To Do Business in Florida**  
2/24/04

**6. FEI Number**  
33-1084974

**7. CERTIFICATE OF STATUS DESIRED**  \$5.00 Additional Fee required for a Certificate of Status

Applied For  
 Not Applicable

**8. Name and Address of Current Registered Agent**

Name  
William C. Taylor II

Street Address (P.O. Box Number is Not Acceptable)  
6362

Suite, Apt. #, Etc.  
E. Hanna Ave.

City  
Tampa

State  
FL

Zip Code  
33610

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.

**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 W.C. Taylor II Date 2/28/07

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
MEM	William C. Taylor II	6362 E. Hanna Ave.	Tampa, FL 33610

500091558755  
03/07/07--01035--018 \*\*250.00

**REINSTATEMENT 05-07**

**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 W.C. Taylor II Date 2/28/07 Daytime Phone # 813-663-9111

Typed or printed name of signing Managing Member/Manager W.C. Taylor II