PLEASE REA	D ALL INSTRU	JCTIONS BEFORE	COMPLET	ING THIS FORM.	
COMPANY REINSTATEMENT  COMPANY  COMPANY			西班通衛 15 FEB -3 M 8: 47		
DOCUMENT # L040000 I. Limited Liability Company's Name /WM Holdings LLC	SECRETARY OF TATE				
	CD2E041 (4114)				
2. Principal Office Address - No P.O. Box # 3. Mailing Off 7900 Gulfstream Blvd 7900 Gu		N15-3651 oddress stream Blvd	CR2E041 (1/14)  4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #,			Florida 5. Date Organized or Qualified To Do Business in Florida		
ity & state Marathon, Florida	City & State Marathon,	arathon, Florida		March 8, 2004         Applied For           6. FEI Number         Applied For           47-2719708         Not Applicable	
Zip Country 13050 USA	<sup>Zip</sup> 33050	Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requirements for a Certificate of Statu		Additional Fee required
8. Name and Addre	ss of Current Registere	d Agent	And a sum the gate of a letting building of the day state of the	Company of the control of the contro	
Name /ernelle W. Melin Street Address (P.O. Box Number is Not Accept 1900 Gulfstream Blvd Suite, Apt. #, Etc. City //arathon	able)	State Zip Code	600268472636 02/03/1501039028 **138.75 600268472636 01/16/1501018019 **1487.50		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN				tions of Chapter 605, F.S.  Date	2015
10. Names and Street Addresses of Authorized	l Representatives/Manag	jers			
Titles Name of Authorized Representa Managers	tives/	Street Address of Each Authorized Representative/ Manager		City / State / Zip	
MGR Vernelle W. N	/lelin	7900 Gulfstream Blvd		Marathon Fla. 33050	
			0 3 2015 HUNT		
17. [					
11. E-mail Address: info@specialtybo		be used for future annual report notifical	tions)		

12. I certify that I am an authorized representative/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 605.0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Vernelle W. Melin

Vernelle W. Melin