2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L04000077048

Entity Name: WAG FLORIDA LLC

Current Principal Place of Business:

8000 NORTH FEDERAL HIGHWAY, SUITE 320
BOCA RATON, FL 33487 US

New Principal Place of Business:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432 US

Current Mailing Address:

8000 NORTH FEDERAL HIGHWAY, SUITE 320
BOCA RATON, FL 33487 US

New Mailing Address:

350 CAMINO GARDENS BOULEVARD
SUITE 102
BOCA RATON, FL 33432 US

FEI Number: 20-1795369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAG MANAGEMENT LLC
350 CAMINO GARDENS BLVD., STE. 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER H. COLLINS

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WAG MANAGEMENT LLC,
Address: 8000 NORTH FEDERAL HIGHWAY - STE 320
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WAG MANAGEMENT LLC,
Address: 350 CAMINO GARDENS BOULEVARD
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER H. COLLINS MGR 04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date