

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 CORPORATION

3/20 08 MAR 20 AM 10:21

**DOCUMENT # L05000081509**

1. Limited Liability Company's Name

WE3, L.L.C.

W08-15940

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

8820 S. CRESCENT DRIVE

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33025

Country

US

3. Mailing Office Address

512 W 151st ST

Suite, Apt. #, etc.

Apt. #3D

City & State

New York, NY

Zip

10031

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

08/18/2005

6. FEI Number  
11-3767392

☒ 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

Linda Jones

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

8820 S. CRESCENT DRIVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

☐ 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

*Linda Jones*

REGISTERED AGENT MUST SIGN

Date

3/3/08

**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
MGRM	William Elliott Henderson III	512 W 151st ST, Apt. #3D	New York / NY / 10031

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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

*William E. Henderson III*

Date

3/12/08

Daytime Phone #

(954) 609-2908

Typed or printed name of signing Managing Member/Manager

William E. Henderson III