
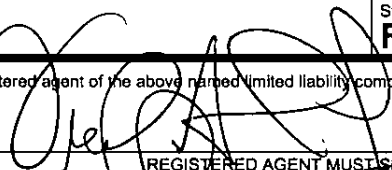
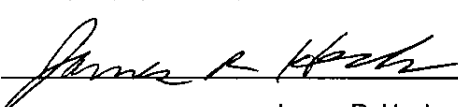


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # WILLECK LLC 1. Limited Liability Company's Name L06000003916			
2. Principal Office Address - No P.O. Box # 14381 Harbor Landings Drive Suite, Apt. #, etc. 2B City & State Fort Myers, FL Zip 33908 Country USA		3. Mailing Office Address 101 W. Sandusky St. Suite, Apt. #, etc. Suite 201 City & State Findlay, OH Zip 45840 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business In Florida 1-9-2006	
6. FEI Number 56-2614728		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Frank J. Aloia, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) 2250 First Street Suite, Apt. #, Etc. City Fort Myers State FL Zip Code 33901			
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  Date 1-22-2009 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
MGRM	James R. Heck	101 W. Sandusky St., Suite 201	Findlay, OH 45840
REINSTATEMENT 2008-2009 500142029365 01/26/09--01030--001 **138.75			
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  Date 1-22-2009 Daytime Phone # 239-791-7950 Typed or printed name of signing Managing Member/Manager James R. Heck			