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COMPANY REINSTATEMENT					OMPLETING THIS FORM. FILEED 09 AUG 25 AM 10: 1-7			
DOCUMENT # L0600004999 1. Limited Liability Company's Name WHITE CITY PARTNERS, LLC					SECRETARY OF STATE TALLAHASSEE FLORIDA 600156718806 08/19/0901037014 **138.75 CR2E041 (10/08)			
	Office Address - No P.O. Box # INA DRIVE	3. Mailing Office Address 324 MARINA DRIVE			4. State/Country of Formation			
Suite, Apt. #,		Suite, Apt. #, etc.			FLORIDA, USA			
					 Date Organized or Qualified To Do Business in Florida()1/17/2006 			
City & State PORT ST	JOE, FL	City & State PORT ST. JOE, FL			6. FEI Number 56-2562613 Applied For Not Applicable			
^{Zip} 32456	Country	Zip 32456	Countr	y	5.0 - 2.5 (0.2.67.5 Not Applicable 7. CERTIFICATE OF STATUS DESIRED Status			
8. Name and Address of Current Registered Agent								
Street Addre		State Zip Code FL 32456		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 ac Signature of Registered Agent REGISTERED AGENT MUST SIGN						accept the obligations of Chapter 608, F.S. $Date \underbrace{5 - 2 8 - 2 0 9}_{Date}$		
10. Names	and Street Addresses of Managing Me	mbers/Managers	s			1		
Titles	Name of Managing Members/ Mana	Street Address of Each Managing Member/Manager			City / State / Zip			
MGR		324 MARINA DRIVE		PORT ST. JOE, FL 32456				
			•	<u> </u>	60 06/03/	015671881 1901006001	D6i ₩377.50	
REINSTATEMENT 07-09								
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 filling 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 5-2220 / Daytime Phone # 850-227-7200								
Typed or print	ed name of signing Managing Membe	r/Manager_MI	CHAEL HAMM	OND	· · · ·			

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