

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000067427**

1. Limited Liability Company's Name

WDO LLC

FILED
10 APR 27 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800177674528
04/26/10--01005--020 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 12A Mica Lane		3. Mailing Office Address	
Suite, Apt. #, etc. 40 BarRock Capital		Suite, Apt. #, etc.	
City & State Wellesley Ma		City & State same	
Zip 02481	Country USA	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 6/27/07	
6. FEI Number 64-0965828	Applied For 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 William P Daly		
Street Address (P.O. Box Number is Not Acceptable) 8934 Olde Hickory Ave		
Suite, Apt. #, Etc.		
City Sarasota FL	State FL	Zip Code 34238

☐ 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 **William P Daly**
REGISTERED AGENT MUST SIGN

Date **4-22-10**

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 P Daly	8934 Olde Hickory Ave	Sarasota FL 34238
mgrm	David J Daly	12A Mica Lane	Wellesley Ma 02481
REINSTATEMENT 2008-2010			S. HAWKES
			APR 28 2010 EXAMINER

11. E-mail Address: **dauid.daly@barrockcapital.com**
(To be used for future annual report notifications)

12. 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 **D J Daly**

Date **4/20/2010** Daytime Phone # **781 237-0600**

Typed or printed name of signing Managing Member/Manager