## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY. FLORIDA DEPARTMENT OF STATE FILED **COMPANY** Secretary of State 12 DEC 27 PH 3: 55 REINSTATEMENT DIVISION OF CORPORATIONS SECKLIARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT# L 11000111722 GBW Ventures, LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address PO BOX 470639 3875 Saint Johns Parkway 4. State/Country of Formation Suite, Apt. #, etc. Florida Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 09/28/2011 City & State City & State Applied For 6. FE! Number Sanford Lake Monroe 45-3476966 Not Applicable Zip Country Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED FL 32771 32747 for a Certificate of Status 8. Name and Address of Current Registered Agent E-mail Address: WC Holdings LLC Street Address (P.O. Box Number is Not Acceptable) 400243092504 \*\*12/27/12--01032--022 \*\*125.00 3875 Saint Johns Parkway Suite, Apt. #, Etc. gwhittle@bgsafetyproducts.com Zip Code FL|32771 Sanford (To be used for future annual report notices) 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 Date 12-17-12 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Managing Members/Managers Name of Street Address of Each Titles City / State / Zip Managing Members/ Managers Managing Member/ Manager WC Holdings LLC Sanford, FL 32771 3875 Saint Johns Parkway **MGR** DEC 28 2012 REINSTATEME 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 filting 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. I am aware that false information being submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing

\_\_\_ Daytime Phone # <u>407-8</u>78-5890

Member/Manager

Typed or printed name of signing Managing Member/Manager