
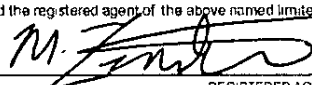
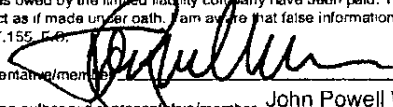


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 16 JUL 11 PM 2:18 TALLAHASSEE, FLORIDA			
DOCUMENT # L13000078549 1. Limited Liability Company's Name W Red, LLC							
2. Principal Office Address - No P.O. Box # 3509 NW 69th Street		3. Mailing Office Address Suite, Apt. #, etc. City & State Oklahoma City, OK		4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida May 30, 2014		6. FEI Number none		Applied For Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status		900287800229					
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street Apt. #, Etc. City Tallahassee							
State FL						Zip Code 32301	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Melissa Zender Asst. Vice President Date <u>7/11/16</u> REGISTERED AGENT MUST SIGN							
10. Names and Street Addresses of Authorized Representatives/Managers							
Name	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip				
Manage	John Powell Walker	3509 NW 69th Street	Oklahoma City, OK 73116-2126				
REINSTATEMENT			JUL 11 2016 R. HUNT				
11. E-mail Address: johnwalker@cox.net <small>(To be used for future annual report notifications)</small>							
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 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 authorized representative/member  Date <u>6/30/2016</u> Daytime Phone # <u>405.659.0576</u> Typed or printed name of signing authorized representative/member <u>John Powell Walker</u>							

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 211206 7947337

AUTHORIZATION :

COST LIMIT : \$ 516.25



ORDER DATE : July 11, 2016

ORDER TIME : 12:11 PM

ORDER NO. : 211206-005

CUSTOMER NO: 7947337

DOMESTIC FILINGS

NAME: W RED, LLC

16 JUL 11 PM 2:07
STATE OF FLORIDA
CORPORATION DIVISION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956 JUL 11 2016

EXAMINER'S INITIALS R. HUNT