L96000000718

PLEASE READ ALL INSTRUCTIONS BEFORE C... THIS FORM.

FILED
04 MAY 28 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000000718

REINSTATEMENT 2001-2004

1. Limited Liability Company's Name

MWS&S, L.C.

2. Principal Office Address	3. Mailing Office Address
225 Nature's Trail	225 Nature's Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Walton Bch., FL	Ft. Walton Bch., FL
City & State	City & State
Zip: 32548 Country: Okaloosa	Zip: 32548 Country: Okaloosa

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 7/5/1996

6. FEI Number: 59-3388796 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Shoff, Charles J.

Street Address (P.O. Box Number is Not Acceptable): 225 Nature's Trail

Suite, Apt. #, Etc.:

City: Ft. Walton Beach | State: FL | Zip Code: 32548

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: [signature] Date: 5/26/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Shoff, Charles J.	225 Nature's Trail	Ft. Walton Bch., FL 32548
MGR	Wilson, Richard B. Jr.	37149 Wild Rose Lane	Murrieta, CA 92562
MGR	Sing, Michael L.	6527 El Nido Dr.	McLean, VA 22101
MGRM	Manion, Lisa M.	2025 Shortline Dr.	Montgomery, AL 36116

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05/05/04--01016--025 **350.00

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: [signature] Date: 5/26/04 Daytime Phone #: (240) 416 5360

Typed or printed name of signing Managing Member/Manager: CHARLES J. SHOFF