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APPROVED AND FILED 1082

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000015506

1. Limited Liability Company's Name
W.C.R.P, L.C.

REINSTATEMENT 2002

2. Principal Office Address		**3.** Mailing Office Address	
449 Central Avenue		449 Central Avenue	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33701	Country USA	Zip 33701	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 17, 1999

6. FEI Number: 59-3564873 — 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: Catherine M. Norton Breman

Street Address (P.O. Box Number is Not Acceptable): Berman & Norton Breman, a Professional Association, 401 S. Florida Ave.

Suite, Apt. #, Etc.: Suite 300

City: Tampa — State: FL — Zip Code: 33602

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: Catherine M. Norton Breman — Date: 12/27/02

REGISTERED AGENT MUST SIGN

CR2E043 (8/01)

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
	MGR - Richard Segal	449 Central Avenue, Suite 204	St. Petersburg, FL 33701
	MGR - David Repka	449 Central Avenue, Suite 204	St. Petersburg, FL 33701

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: Richard Segal — Date: 12/27/02 — Daytime Phone #: 818-222-9172

Typed or printed name of signing Managing Member/Manager: Richard Segal

H02000241694 7

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BERMAN & ASSOCIATES, P.A.
Account Number : I20010000185
Phone : (813)301-0043
Fax Number : (813)301-0045

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LIMITED LIABILITY REINSTATEMENT

W.C.R.P., L.C.

Certificate of Status	1
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