PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004494

1. Limited Liability Company's Name

WSFG LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address	**4.** State/Country of Formation FL - PALM BEACH
17030 Brookwood DR		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 7/23/91
City & State BOCA RATON FL	City & State	**6.** FEI Number 65-093365 — Applied For / Not Applicable
Zip 33496	Country USA	Zip	Country	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name HERBERT I LEVITT

Street Address (P.O. Box Number is Not Acceptable) 17030 BROOKWOOD DR.

Suite, Apt. #, Etc.

900004686049—-1
-11/16/01--01074--029
****150.00   ****150.00

City BOCA RATON	State FL	Zip Code 33496

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 _____   Date 10/29/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
PRES +SEC	HERBERT LEVITT	17030 Brookwood DR.	BOCA RATON FL 33496
TREAS	ROBERT FRIEDMAN	18 Cooper Rd	Scarsdale N.Y. 10583

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 _____   Date 10/29/01   Daytime Phone # 561-482-4121

Typed or printed name of signing Managing Member/Manager HERBERT IRA LEVITT