

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

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

APPROVED
AND
FILED
02 APR -8 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

WTC OF GAINESVILLE, L.C.

REINSTATEMENT

2001-
2002

2. Principal Office Address 4741 NW 8TH AVENUE Suite, Apt. #, etc. SUITE C City & State GAINESVILLE, FL Zip 32605		3. Mailing Office Address 4741 NW 8TH AVENUE Suite, Apt. #, etc. SUITE C City & State GAINESVILLE, FL Zip 32605		4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 8-25-99		6. FEI Number 59-3597567		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status			

8. Name and Address of Current Registered Agent

Name
JOSEPH A. TONNER
Street Address (P.O. Box Number is Not Acceptable)
4741 NW 8TH AVENUE
Suite, Apt. #, Etc.
SUITE C
City
GAINESVILLE

000005258630-2
-04/12/02--01102--002
*****200.00 *****200.00

State
FL
Zip Code
32605

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 4/2/02

REGISTERED AGENT MUST SIGN

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	JAMES WYNNE	4741 NW 8TH AVE, STE C	GAINESVILLE, FL 32605
MGRM	JOSEPH TONNER	4741 NW 8TH AVE, STE C	GAINESVILLE, FL 32605
MGRM	JORGE CAMACHO	4741 NW 8TH AVE, STE C	GAINESVILLE, FL 32605

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 4/2/02

Daytime Phone # 352-375-0302

Typed or printed name of signing Managing Member/Manager JOSEPH A. TONNER