


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
00 DEC -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # 299000006976
1. Limited Liability Company's Name
W A F T PARTNERS. L.L.C.

2. Principal Office Address 15373 ROOSEVELT BLVD Suite, Apt. #, etc. #203 City & State Clearwater Zip 33760-3507 Country USA		3. Mailing Office Address 15373 ROOSEVELT BLVD Suite, Apt. #, etc. #203 City & State Clearwater Zip 33760 Country U.S.A.	
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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida Nov-1997	
6. FEL Number 69-3462345	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

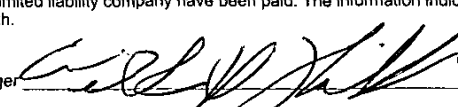
8. Name and Address of Current Registered Agent	
Name McCLURE CHARLES A Street Address (P.O. Box Number is Not Acceptable) 701 BAYSHORE BLVD suite Suite, Apt. #, Etc. #201 City TAMPA	
800003500298-1 -12/13/00-01099-013 ****150.00 ****150.00	
State FL	Zip Code 33606-2743

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 11/27/00
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
MGR	XING YARING	15373 ROOSEVELT BLVD CLEARWATER	Clearwater FL 33760
MGR	RICHARDSON WILLIAM H	3035 HICKORY DRIVE	LARGO FL 33770
MGR	McCLURE CHARLES A	701 BAYSHORE BLVD #201	TAMPA FL 33606-2743

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 11/27/00 Daytime Phone # (813) 533-9455
Typed or printed name of signing Managing Member/Manager