

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 # L99000006976

1. Limited Liability Company's Name

WAFT PARTNERS, L.L.C.

2. Principal Office Address

3648 Fairway Forest Circle

Suite, Apt. #, etc.

City & State

Palm Harbor

Zip

34685

Country

Pinellas

3. Mailing Office Address

3648 Fairway Forest Circle

Suite, Apt. #, etc.

City & State

Palm Harbor

Zip

34658

Country

Pinellas

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 09/30/1999

6. FEI Number

593462345

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

William H. Richardson

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

3648 Fairway Forest Circle

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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]

REGISTERED AGENT MUST SIGN

Date 11/26/2002

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	William H. Richardson	3648 Fairway Forest Circle	Palm Harbor/ FL / 34685

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 11,26,2002

Daytime Phone # 727-786-5795

Typed or printed name of signing Managing Member/Manager William H. Richardson

CR2E041 (9/01)