PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN 21 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100209188591
06/21/11--01032--010 **962.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002560

1. Limited Liability Company's Name

WAHOO GP CAPITAL, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1500 OCEAN DRIVE		1500 OCEAN DRIVE	
Suite, Apt #, etc. 607		Suite, Apt #, etc. 607	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 9/27/02

6. FEI Number: 11-3491813 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICES COMPANY

Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET

Suite, Apt #, Etc.:

City: TALAHASSEE State: FL Zip Code: 32301

E-mail Address: LEAH@DSLEADS.COM
(To be used for future annual report notices)

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 ____________
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	ALEXANDER L SHOGREN	1500 OCEAN DRIVE #607	MIAMI BEACH, FL 33139

REINSTATEMENT 06-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager ______________ Date 6/8/11 Daytime Phone # 561-676-2080

Typed or printed name of signing Managing Member/Manager: ALEXANDER L SHOGREN

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of WAHOO CAPITAL, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of DELAWARE
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

WAHOO GP CAPITAL, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: 6/8/11

Signature(s) of Manager(s) and/or Managing Member(s):

FILED
11 JUN 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E122 (7/07)