

Division of Corporations

M03000000314

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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13 MAR 11 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
WESCO REAL ESTATE II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,210.00

11 AM 11:49
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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S. PRATHER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/11/2013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000000314

1. Limited Liability Company's Name
WESCO Real Estate II, LLC

REINSTATEMENT

06-13 CR2ED41 (1/11)

2. Principal Office Address - No P.O. Box #
2325 B Renaissance Drive

3. Mailing Office Address
225 W. Station Square Drive

4. State/Country of Formation
Delaware

Suite, Apt. #, etc.
Suite 10

Suite, Apt. #, etc.
Suite 700

5. Date Organized or Qualified
To Do Business in Florida 1/27/2003

City & State
Las Vegas, NV

City & State
Pittsburgh, PA

6. P.E. Number
14-1855118

Applied For
Not Applicable

Zip
89119

Country
USA

Zip
15219

Country
USA

7. CERTIFICATE OF STATUS DESIRED ☒

State/Country of Formation
Delaware

8. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, etc.

E-mail Address:

stopper@wesco.com

City
Plantation

State
FL

Zip Code
33324

(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

Connie Bryan
REGISTERED AGENT MUST SIGN

Date 3/11/2013

10. Names and Street Addresses of Managing Members/Managers

Assistant Secretary

Titles	Name of Managing Member/Manager	Street Address of Managing Member/Manager	City / State / Zip
Mgr	Stephen A. Van Oss	225 W. Station Square Drive, Suite 700	Pittsburgh, PA 15219
Mgr	Daniel A. Bratler	225 W. Station Square Drive, Suite 700	Pittsburgh, PA 15219
Mgr	Brian M. Bagg	225 W. Station Square Drive, Suite 700	Pittsburgh, PA 15219
Mgr	Stephen L. Topper	225 W. Station Square Drive, Suite 700	Pittsburgh, PA 15219
Mgr	Carrie L. Trilman	2711 Centerville Road, Suite 400	Wilmington, DE 19808
Mgr	William G. Popeo	2711 Centerville Road, Suite 400	Wilmington, DE 19808

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 I sign this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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 9A17.165, F.S.

Signature of Managing
Member/Manager

Stephen L. Topper

Date March 5, 2013 Daytime Phone # 412-454-2282

Typed or printed name of signing Managing Member/Manager Stephen L. Topper

MAR 11 2013

S. PRATHER