M04000001760

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT
WALBRIDGE SOUTHEAST LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000001760

1. Limited Liability Company's Name
WALBRIDGE SOUTHEAST LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8514-130 MCALPINE DRIVE		777 WOODWARD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		SUITE 300	
City & State		City & State	
CHARLOTTE, NC		DETROIT, MI	
Zip	Country	Zip	Country
28211	USA	48226	USA

4. State/Country of Formation
MICHIGAN

5. Date Organized or Qualified To Do Business In Florida 05/03/2004

6. FEI Number
20-0125210
☐ 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
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. # Etc

City	State	Zip Code
PLANTATION	FL	33324

E-mail Address:
plove@walbridge.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 May 4, 2011
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	E. Steven Helms	8514-130 MCALPINE DRIVE	Charlotte, NC 28211

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 E. Steven Helms Date MAY 4, 2011 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager E. Steven Helms