

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
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: _____

**LIMITED LIABILITY REINSTATEMENT
GW & WADE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

DEC 04 2015

R. HUNT

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

15 DEC -4 AM 10:11

DOCUMENT # M14000003577

 1. Limited Liability Company's Name
 GW & Wade, LLC

CR2E041 (1/14)

 2. Principal Office Address - No P.O. Box #
 825 Third Avenue

 Suite, Apt. #, etc.
 27th Floor

 City & State
 New York, NY

 Zip
 10022

Country

 3. Mailing Office Address
 825 Third Avenue

 Suite, Apt. #, etc.
 27th Floor

 City & State
 New York, NY

 Zip
 10022

Country

 4. State/Country of Formation
 Delaware

 5. Date Organized or Qualified
 To Do Business In Florida
 5/21/14

 6. FEI Number
 26-1101800

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

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

 Signature of
 Registered Agent

Connie Brun

Date 12/4/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Focus Operating, LLC	825 Third Avenue, 27th Floor	New York, NY 10022

REINSTATEMENT

DEC 04 2015

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of:

Authorized Representative/Manager

Date 12/2/15

Daytime Phone # 646-519-2456

Typed or printed name of signing Authorized Representative/Manager Russell McGranahan