PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 JAN 13 PM 12 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500294289145

CR2E041 (1/14)

DOCUMENT # M14000003577

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

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
825 Third Avenue		825 Third Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
27th Floor		27th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
05/23/14

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
C T 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

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 _____ Date _____

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
MGR	Focus Operating, LLC	825 Third Avenue, 27th Floor	New York, NY 10022
	REINSTATEMENT JAN 13 2017 R. HUNT		

11. E-mail Address: office@ffpar.com
(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 605, 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 01/10/17 Daytime Phone # (646) 519-2456

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

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 1/13/17
ACCT. I20160000072

Eric DW

Name:	G.W. Wade, LLC
Document #:	
Order #:	10326669

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: X
Certified:
Plain:
COGS:

Reinstatement

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 382.50

Thank you!

JAN 13 2017
R. HUNT