

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -4 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000014

1. Limited Liability Company's Name

WENTWOOD CAPITAL FUND
PARTNERS V, LLC

2. Principal Office Address

402 S. LIVE OAK

Suite, Apt. #, etc.

3. Mailing Office Address

402 S. LIVE OAK

Suite, Apt. #, etc.

City & State

LAMPASAS TX

City & State

LAMPASAS TX

Zip

76550

Country

LAMPASAS

Zip

76550

Country

LAMPASAS

4. State/Country of Formation

TEXAS

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

752740876

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

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 608, F.S.

Signature of
Registered Agent

[Signature]

Terri Atteberry
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 1/30/02

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
Maxm	ROBERT H. TURNER	402 S LIVE OAK	LAMPASAS TX 76650

REINSTATEMENT

00-02
dec

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.

Signature of
Managing Member/Manager

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager