M98000000014

. . . PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -4 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Wentwood Capital Fund Partners V, L.L.C.

03

2. Principal Office Address		**3.** Mailing Office Address	
515 S. Capital of Tx. Hwy.		515 S. Capital of Tx. Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
250		250	
City & State		City & State	
Austin, TX		Austin, TX	
Zip	Country	Zip	Country
78746	United States	78746	United States

4. State/Country of Formation
Texas/United States

5. Date Organized or Qualified To Do Business in Florida 12/23/97

6. FEI Number 75-27408763 ☐ 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: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1333 N. Duval Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32303

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: Bayle Wendle, asst sec Date: 2-3-2005
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	Robert H. Turner	515 S. Captl. of Tx Hwy., Suite 250	Austin, TX 78746
		700046293697 02/10/05--01010--022 **250.00	
	REINSTATEMENT 2003-2005		
		700046293697 02/10/05--01010--023 **5.00	

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: 02/01/05 Daytime Phone #: 512-306-8032

Typed or printed name of signing Managing Member/Manager: Robert H. Turner