

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 DEC -9 PM 1:15

DOCUMENT # L06000034793

1. Limited Liability Company's Name

LLC

**L. Gary Wright, LLC**

100188398771  
12/06/10--01048--003 \*\*243.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 164 E. Dogwood St. Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 91 Suite, Apt. #, etc.	
City & State Monticello, FL		City & State Monticello, FL	
Zip 32344	Country USA	Zip 32345	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 4, 2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **L. Gary Wright**

Street Address (P.O. Box Number is Not Acceptable):  
**164 E. Dogwood St.**

Suite, Apt. #, Etc.

City Monticello	State FL	Zip Code 32344
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12/10/10--01040--003 \*\*138.75

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: *L. Gary Wright* Date: **December 1, 2010**

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	Wright, Gary	164 E. Dogwood St.	Monticello, FL 32344

REINSTATEMENT 2009-2010

11. E-mail Address: lgarywright@embargmail.com (To be used for future annual report notifications)

12. 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: *L. Gary Wright* Date: **12/01/10** Daytime Phone #: **850-997-5705**

Typed or printed name of signing Managing Member/Manager