

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

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

☐ 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

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

100188398771
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

REGISTERED AGENT MUST SIGN

Date December 1, 2010

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

Date 12/01/10

Daytime Phone # 850-997-5705

Typed or printed name of signing Managing Member/Manager