

L00000008812

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008812

1. Limited Liability Company's Name
INVESTRIGHT, LLC

400021303374
07/07/03--01088--002 #255.00

2. Principal Office Address
149 OAKWOOD LANE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip
33410

Country
USA

3. Mailing Office Address
149 OAKWOOD LANE

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip
33410

Country
USA

4. State/Country of Formation
FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida 7/20/2000

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
PAUL GRAYDON SUMMERS

Street Address (P.O. Box Number is Not Acceptable)
149 OAKWOOD LANE

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

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

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
Managing Member	PAUL GRAYDON SUMMERS	149 OAKWOOD LANE	PALM BEACH GARDENS, FL 33410

REINSTATEMENT 01-03 CWS
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

Paul Graydon Summers

Date

6/20/03

Daytime Phone #

313-961-0188

Typed or printed name of signing Managing Member/Manager

PAUL GRAYDON SUMMERS

CR2E041 (10/02)