

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:19

1. DOCUMENT # L01000015860

Name and Mailing Address

0001574 01 AT 0.292 **AUTO TB 0 0615 32205-844385



THE WYNN DESIGN GROUP, LLC
1785 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205-8443



2. New Mailing Address

2734 DAVIS ST N.
JAX, FL 32209

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 09/17/2001

Principal Place of Business
1785 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3750557

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

WYNN, DANIEL R
1785 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 400024496234
11/07/03--01003--008 **150.00

City

FL

Zip Code

10. 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]
REGISTERED AGENT MUST SIGN

Date 11/4/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	WYNN, DANIEL R	1785 SOUTH EDGEWOOD AVENUE 2734 DAVIS ST N.	JACKSONVILLE FL 32208 JAX, FL 32209

400024496234
11/07/03--01003--009 **5.00

REINSTATEMENT 03 cus
dca

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

[Signature]

Date 11/4/03

Daytime Phone # 904-366-3591

Typed or printed name of signing Managing Member/Manager