

L01000015926

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000015926**

1. Limited Liability Company's Name

Lightning Byrd, LLC

2. Principal Office Address

231 Riverside Drive

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

32117

Country

USA

3. Mailing Office Address

231 Riverside Drive

Suite, Apt. #, etc.

City & State

Holly Hill, FL

Zip

32117

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

9/18/01

6. FEI Number

51-0006522

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

Richard Wheeler

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

106 Meadowbrook Circle

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

Richard G Wheeler

REGISTERED AGENT MUST SIGN

Date *9/15/2003*

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
<i>(MGR)</i> Pres.	<i>Richard Wheeler</i>	<i>106 Meadowbrook Circle Daytona Beach, FL</i>	<i>Daytona Beach, FL 32114</i>
<i>(MGR)</i> Sec.	<i>Jeff Henderson</i>	<i>1633 Town Park Drive</i>	<i>Port Orange, FL 32114</i>
<i>(MGR)</i> VP	<i>Jamie Smith</i>	<i>740 Merrimac Drive</i>	<i>Port Orange, FL 32127</i>
<i>MGR</i>	<i>Amyah Parrish</i>	<i>854 S Beach St</i>	<i>Ormond Beach, FL 32174</i>
<i>MGR</i>	<i>Beth Valente</i>	<i>222 EAST STATE STREET</i>	<i>BATAVIA, IL 60510</i>

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

Richard G Wheeler

Date

9/15/2003

Daytime Phone #

(386) 589-3585

Typed or printed name of signing Managing Member/Manager

Richard G. Wheeler

CR2E041 (10/02)