

APPROVED
P.02 AND
FILED 1002

((H03000344854 3))

L01000022416

03 DEC 31 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L01000022416

1. Limited Liability Company's Name
Ware Family Realty, LLC

REINSTATEMENT 2003

2. Principal Office Address 522 Park Street		3. Mailing Office Address 522 Park Street		4. State/Country of Formation Florida, US	
State, Apt. #, etc.		State, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 12/21/2001	
City & State Jacksonville, FL		City & State Jacksonville, FL		6. FEI Number 26-0046818	
Zip 32204	Country US	Zip 32204	Country US	Approved For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

8. Name and Address of Current Registered Agent

Name **J. Michael Lindell, Esq.**

Street Address (P.O. Box Number is Not Acceptable) **12276 San Jose Boulevard**

State, Apt. #, etc. **Suite 126**

City **Jacksonville** State **FL** Zip Code **32223**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *[Signature]* Date **12/12/03**

10. Names and Direct Addresses of Managing Member/Managers

Type	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Walter E. Ware, Sr., Trustee	522 Park Street	Jacksonville, FL 32204

11. I certify that I am a managing member/manager of the company or trustee designated to complete this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company meets the requirements of Section 606.066, 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 *Walter E. Ware Sr.* Date **12/30/03** Daytime Phone # **904 354-0282**

Typed or printed name of signing Managing Member/Manager **Walter E. Ware, Sr., Trustee**

((H03000344854 3))

[Handwritten Signature]
Page 1 of 1

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000344854 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

LIMITED LIABILITY REINSTATEMENT

WARE FAMILY REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

RECEIVED
03 DEC 31 PM 2:04
DIVISION OF CORPORATION

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)