

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000007883

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000007883**

1. Limited Liability Company's Name

JAMES WRIGHT, JR LLC

9/26/03

2. Principal Office Address

937 N. MAIN ST

Suite, Apt. #, etc.

100

City & State

JACKSONVILLE, FL

Zip

32202

Country

USA

3. Mailing Office Address

256 WALKER ST

Suite, Apt. #, etc.

E

City & State

ATLANTA GA

Zip

30313

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

4-1-02

6. FEI Number

N/A

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

JAMES WRIGHT

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

937 N. MAIN ST

Suite, Apt. #, Etc.

100

City

JACKSONVILLE

State

FL

Zip Code

32202

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

James Wright

REGISTERED AGENT MUST SIGN

Date

9-10-04

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	JAMES WRIGHT JA	→	937 N. MAIN ST JACKSONVILLE FL 32202

REINSTATEMENT 2003-2004

(MK)

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

James Wright

Date

9-10-04

Daytime Phone

404-581-9507

Typed or printed name of signing Managing Member/Manager

James Wright

CR2E041 (10/02)