

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG 24 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012142

1. Limited Liability Company's Name

GREAT NORTHWEST FLORIDA DEVELOPMENT, L.L.C.

400039378084  
07/21/04--01036--001 \*\*100.00

2. Principal Office Address

1010 Palm Blvd.

3. Mailing Office Address

1010 Palm Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip

32456

Country

United States

Zip

32456

Country

United States

4. State/Country of Formation

FL/United States

5. Date Organized or Qualified  
To Do Business in Florida

05/13/2002

6. FEI Number

none

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

Mark B. Godwin

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

1010 Palm Blvd.

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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

*Mark B. Godwin*

Date 07/19/2004

REGISTERED AGENT MUST SIGN

**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	Edward E. Wood, Sr.	104 Cabell Dr.	Port St. Joe, FL 32456
MGR	Edward E. Wood, Jr.	201 St. Joseph Drive	Port St. Joe, FL 32456

**REINSTATEMENT**

2003-  
2004

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

*Edward E. Wood Sr.*

Date 07/19/2004

Daytime Phone # 850/229-8414

Typed or printed name of signing Managing Member/Manager

Edward E. Wood, Sr.

1 CR2E041 (10/02)