

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000016945
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001795 01 AT 0.292 **AUTO TB 0 0615 32238-197171



BETTY WARD SALES, LLC
P.O. BOX 381971
JACKSONVILLE FL 32238-1971



2. New Mailing Address

City, State, Zip

Principal Place of Business
5117 SANIBEL DRIVE
JACKSONVILLE FL 32238

3. New Principal Place of Business Address

550 MORGAN ST
City, State, Zip
ORANGE PARK FL 32073

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 07/03/2002

6. FEI Number
46-0491543

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

WARD, ELIZABETH R
5117 SANIBEL DRIVE
JACKSONVILLE FL 32238

9. Name and Address of New Registered Agent

Name

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

800024267918
10/30/03--01012--016 **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 *Elizabeth R. Ward* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-24-03

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
MGRM	WARD, ELIZABETH R.	550 MORGAN ST	ORANGE PARK FL 32073

REINSTATEMENT

2003

12/30/03

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 *Elizabeth R. Ward* **SIGNATURE REQUIRED**

Date 10-24-03 Daytime Phone 904-778-7679
904-264-0932

Typed or printed name of signing Managing Member/Manager