

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC -9 AM 9:23

**DOCUMENT # L02000026546**

**1. Limited Liability Company's Name**

W.P. & M.J. WRIGHT FAMILY, L.L.C.

**2. Principal Office Address**

61975 RIVER ROAD

Suite, Apt. #, etc.

City & State

CALLAHAN, FL

Zip

32011

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

**4. State/Country of Formation**

FLORIDA

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

10/09/02

**6. FEI Number**

522413536

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

BLACKBURN & COMPANY

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

5150 BELFORT RD. SO.

Suite, Apt. #, Etc.

BLDG. 500

City

JACKSONVILLE

State

FL

Zip Code

32256

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/17/05

**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
MGRM	MATTIE JEAN WRIGHT	RT. 1, BOX 1400, 8643 RIVER RD.	CALLAHAN, FL 32011

600062046006  
12/09/05--01054--005 \*\$250.00

REINSTATEMENT 04-05

**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

*Mattie Jean Wright*

Date

12-6-05

Daytime Phone #

904-879-3743

Typed or printed name of signing Managing Member/Manager

MATTIE JEAN WRIGHT, MGR/MBR.