

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 AM 9:06

DOCUMENT #

L03000013784

1. Limited Liability Company's Name

WRIGHTWAY HOMES LLC

2. Principal Office Address

4662 HARBOR VIEW DR

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32208

Country

DUVAL

3. Mailing Office Address

4662 HARBOR VIEW DR

Suite, Apt. #, etc.

City & State

JAX FL

Zip

32208

Country

DUVAL

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4-15-03

6. FEI Number

421541681

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)

4662 HARBOR VIEW DR

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32208

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

REGISTERED AGENT MUST SIGN

Date

11-4-05

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
MEM	JAMES WRIGHT	4662 HARBOR VIEW DR	JAX, FL, 32208
			600861257708 11/08/05--01042--019 **150.00
			RECEIVED JAN 11 2005

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

Date

11-4-05

Daytime Phone #

904-7640063

Typed or printed name of signing Managing Member/Manager