

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:47

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000037991

1. Limited Liability Company's Name

Weary 24, LLC

2. Principal Office Address

4418 Millstone Court

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

4418 Millstone Court

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/06/2003

6. FEI Number

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

Ebony Solomon

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

4418 Millstone Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Ebony Solomon
REGISTERED AGENT MUST SIGN

Date

10/19/06

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	Fred Weary	4418 Millstone Court	Jacksonville, FL 32257
			800081083108 10/20/06--01063--008 **250.00
			REINSTATEMENT 04-06

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

Fred Weary

Date

10/19/06

Daytime Phone # (904) 476-5001

Typed or printed name of signing Managing Member/Manager Fred Weary