

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000091150**

1. Limited Liability Company's Name

John Woodward, LLC

2. Principal Office Address - No P.O. Box #

2000 Webber Street

Suite, Apt. #, etc

City & State

Sarasota

Zip

34239

Country

3. Mailing Office Address

PO BOX 5781

Suite, Apt. #, etc

City & State

Sarasota

Zip

34277

Country

4. State/Country of Formation

FLORIDA / SARASOTA

5. Date Organized or Qualified
To Do Business in Florida

12/16/2004

6. FEI Number

20-2041403

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

NANCY E CASON

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

1900 RINGLING BOULEVARD

Suite, Apt. #, etc

City

SARASOTA

State

FL

Zip Code

34236

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Nancy E Cason

REGISTERED AGENT MUST SIGN

Date

11/20/09

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 | John T Woodward, Jr | 2000 Webber St | Sarasota, FL 34239 |
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REINSTATEMENT 08-09

11. E-mail Address **john@johnwoodward.com**

(To be used for future annual report notifications)

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

John T Woodward, Jr

Date

11/25/09

Daytime Phone #

941-922-8400

Typed or printed name of signing Managing Member/Manager **John T. Woodward, Jr.**