

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

08 OCT 10 PM 1:13

CR2E041 (10/08)

DOCUMENT # L 06000034793

1. Limited Liability Company's Name

L. Gary Wright, LLC

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

260 North Cherry Street

Suite, Apt. #, etc.

City & State

Monticello, Florida

Zip

32344

Country

USA

3. Mailing Office Address

P.O. Box 91

Suite, Apt. #, etc.

City & State

Florida, Florida

Zip

32345

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

April 4, 2006

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

L. Gary Wright, LLC

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

260 North Cherry Street

Suite, Apt. #, Etc.

City

Monticello, Florida

State

FL

Zip Code

32344

☒ 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

L. Gary Wright
REGISTERED AGENT MUST SIGN

Date **October 1, 2008**

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
MGR	WRIGHT, GARY	260 North Cherry Street	MONTICELLO, FL 32344

500136928065
10/15/08-01003-005 **138.75

REINSTATEMENT 2008

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

L. Gary Wright

Date **10-1-08**

Daytime Phone# **850-997-5705**

Typed or printed name of signing Managing Member/Manager

L. Gary Wright