

L08000085137

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
11 DEC 29 PM 4:54

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000085137

1. Limited Liability Company's Name

Big Walts Custom Baths LLC

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

1824 Evergreen Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jax FL

City & State

J

Zip

32206

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

36-4639850

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

Walter Wright III

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

1824 Evergreen Ave

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32206

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

Walter Wright III

REGISTERED AGENT MUST SIGN

Date

12-29-11

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	Walter Wright III	1824 Evergreen Ave	Jax FL 32206
			800215659758 12/30/11--01001--023 **\$16.25
	REINSTATEMENT	2009-2011	800215659758 12/30/11--01001--024 **\$5.00

11. E-mail Address:

Wright3ev@gmail.com

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of
Managing Member/Manager

Walter Wright III

Date 12-29-11

Daytime Phone # 904 334-5998

Typed or printed name of signing Managing Member/Manager

Walter J Wright III