

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 AUG -8 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000113385

1. Limited Liability Company's Name

Wright Capital Group LLC

10460  
2. Principal Office Address - No P.O. Box #  
10208 Roosevelt Blvd

Suite, Apt. #, etc.

#328

City & State

St. Petersburg FL

Zip

33716

Country

US

10460  
3. Mailing Office Address  
10208 Roosevelt Blvd

Suite, Apt. #, etc.

#328

City & State

St. Petersburg FL

Zip

33716

Country

US

CR2E041 (1/11)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/11/2008

6. FEI Number

Applied For

X 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

Paracorp Incorporated

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

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

500248929815  
06/14/13--01042--004 \*\*377.50

ras@olatelco.net

(To be used for future annual report notices)

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

See ATTACHMENT

Date 888-272-3725

REGISTERED AGENT MUST SIGN

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	Svetlana Sirotrina	10460 10208 Roosevelt Blvd #328	St. Petersburg FL 33716
	AUG 08 2013		
	T. SCOTT	REINSTATEMENT 12-13	

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. 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

Svetlana Sirotrina

Date 6-12-13

Daytime Phone # 813-902-2599

Typed or printed name of signing Managing Member/Manager Svetlana Sirotrina

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**


**DATE:** August 7, 2013

**ENTITY NAME:** WRIGHT CAPITAL GROUP LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
236 East 6<sup>th</sup> Avenue  
Tallahassee, FL 32303

I, **Paracorp Incorporated**, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608.F.S.

  
\_\_\_\_\_

Ninh Ho, Assistant Secretary  
Paracorp Incorporated