

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M07000001806

1. Limited Liability Company's Name

The Peter H. Wright-Clark Family LLC

CR2E041 (10/08)

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

2600 N. Fish Creek Road

Suite, Apt. #, etc.

City & State

Wilson, Wyoming

Zip

84014

Country

USA

3. Mailing Office Address

P.O. Box 135

Suite, Apt. #, etc.

City & State

Wilson, WY

Zip

83014

Country

USA

4. State/Country of Formation

Wyoming

5. Date Organized or Qualified

To Do Business in Florida 03/27/2007

6. FEI Number

830267615

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

Borowsky, Belinda

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

20336 Hacienda Court

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

☒ 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

Belinda Borowsky

REGISTERED AGENT MUST SIGN

Date

1/7/09

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
MGR	Wright-Clark, Peter H.	2600 N. Fish Creek Rd., P.O. Box 135	Wilson, WY 83014

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REINSTATEMENT 08, 09

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

Peter H. Wright-Clark

Date

1/7/09

Daytime Phone# (307) 690-8983

Typed or printed name of signing Managing Member/Manager

Peter H. Wright-Clark