

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Wright Building Associates

m98-768

2. Principal Office Address

325 Post Road West

3. Mailing Office Address

325 Post Road West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Westport, CT

City & State

Westport, CT

Zip

06880

Country

Zip

06880

Country

4. State/Country of Formation

Connecticut

5. Date Organized or Qualified
To Do Business in Florida

7/14/98

6. FEI Number

06-1352323

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Kelly M. Wright

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

308 E. Seaview Drive

Suite, Apt. #, Etc.

City

Marathon

State
FL

Zip Code
33050

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****155.00 ****155.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-26-01

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
MEMBER	Kelly M. Wright	325 Post Road West	Westport, CT 06880

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

[Signature]

Date 10-26-01

Daytime Phone# (203) 227-8215

Typed or printed name of signing Managing Member/Manager Kelly M. Wright, Managing Member