

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV 20 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT #

MAA 00000000 76

1. Limited Liability Company's Name

Jonathan Bailey Design, LLC

REINSTATEMENT 2001

2. Principal Office Address

1701 N. Market St.

Suite, Apt. #, etc.

Suite 400

City & State

Dallas, TX

Zip

75202

Country

USA

3. Mailing Office Address

1701 N. Market St.

Suite, Apt. #, etc.

Suite 400

City & State

Dallas, TX

Zip

75202

Country

USA

4. State/Country of Formation

Texas

5. Date Organized or Qualified

To Do Business in Florida 3/23/1999

6. FEI Number

75-2740753

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

800004695688--6

11/27/01--01079--012

****150.00 ****150.00

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

Brian Courtney
as its agent

Date

11-20-01

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
MGRM	Jonathan D. Bailey	1005 Forest Oaks Lane	Hurst, TX 76053
MGRM	Robert J. Wright	7777 Forest Lane, Suite C810	Dallas, TX 75230
MGRM	Thomas E. Dwyer	8817 Arborside Drive	Dallas, TX 75243
MGRM	G. Travis Leissner	903C N. Bishop	Dallas, TX 75208
MGRM	Michael G. Wright	7777 Forest Lane, Suite C801	Dallas, TX 75230
MGRM	Nicholas Shapland	Brook House, Brook, Albury Heath	Surrey G45 9DJ, England

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

Date 11-19-01

Daytime Phone # 469-227-3900

Typed or printed name of signing Managing Member/Manager Jonathan D. Bailey